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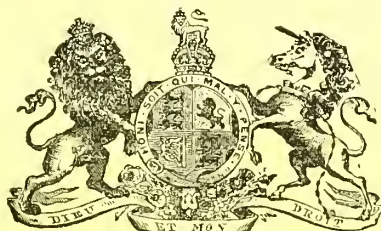
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REPORT
OF THE
DEPARTMENTAL COMMITTEE
APPOINTED BY THE
PRESIDENT OF THE LOCAL GOVERNMENT BOARD
TO ENQUIRE INTO THE
NURSING OF THE SICK POOR IN WORKHOUSES.

PART I.
REPORT AND SUMMARY OF RECOMMENDATIONS.

Presented to both Houses of Parliament by Command of His Majesty.



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DEPARTMENTAL COMMITTEE

ON THE

NURSING OF THE SICK POOR IN WORKHOUSES.

MINUTE OF APPOINTMENT.

I hereby appoint :—

JOHN GRANT LAWSON, Esq., M.P.,

WILLIAM EDWARD KNOLLYS, Esq., C.B.

ARTHUR HENRY DOWNES, Esq., M.D.

ANDREW FULLER, Esq.,

to be a Committee to inquire and report with regard to the Nursing of the Sick Poor in Workhouses :—

(1) As to any difficulties experienced in obtaining an adequate supply of properly qualified Nurses and Assistant Nurses, and how far these difficulties can be met ;

(2) What regulations, if any, should be made as to the qualifications and training of Probationers ;

(3) What amendment, if any, is desirable in the Regulations as to the qualification of Superintendent Nurses ;

(4) Whether any, and if so, what provision should be made for defining more strictly the respective duties of the Master or Matron of the Workhouse and of the Superintendent Nurse.

And I hereby appoint JOHN GRANT LAWSON, Esq., to be Chairman, and ROBERT GORDON DUFF, Esq., to be Secretary of the said Committee.

Whitehall,
11 January 1902.

WALTER H. LONG,
President of the
Local Government Board.

R E P O R T.

To the Right Honourable WALTER HUME LONG, M.P., President of the
Local Government Board.

1. The Committee appointed by your Minute of the 11th January 1902, having concluded their Inquiry into the matters referred to them, have the honour to submit to you the following Report :—

PART I.

PROCEDURE OF THE COMMITTEE.

2. The Committee commenced their proceedings by considering the Reports upon Poor Law Nursing sent in by the Local Government Board's General Inspectors in pursuance of your suggestion. The information and recommendations contained in these Reports were found most valuable not only in suggesting profitable lines upon which the enquiry should proceed, but also in affording the preliminary data for the formation of accurate opinions, and the Committee desire to acknowledge their very great obligation to the Inspectors in the matter. See Appendix I

3. As soon as it became known that an enquiry was proceeding, applications to give evidence were received from a very large number of persons, and in view of the widespread interest aroused and the importance of obtaining the views of all classes concerned, the Committee felt they were justified in spending a considerable time in taking oral evidence.

4. A selection was accordingly made from the applicants, and certain experts were also invited to give evidence, with the result that some 50 witnesses appeared before the Committee.

5. In this way, through the courtesy of the Local Government Boards for Scotland and Ireland, the Committee were favoured with highly instructive accounts of the system and difficulties of Poor Law Nursing in Scotland and Ireland, and a representative of the Colonial Office also explained to the Committee the method by which the Colonies were supplied with Nurses. See Evidence, 161
-406 and 3125-
3213.
See Evidence, 505
-525.

6. Several of the Board's Inspectors supplemented their written Reports† with verbal evidence; the views of various Poor Law and Nursing Associations were heard, and representatives attended from Boards of Guardians, Guardians, Workhouse Medical Officers, Masters, Matrons and Nurses on

† See paragraph 2.

the one hand, and from experts in nursing and hospital matters, not directly connected with the Poor Law, on the other.

7. In addition to the oral evidence, a large number of written statements and petitions, from the Boards of Guardians and others who did not attend before the Committee, were considered.

See *e.g.* Appendix II. and XVIII.

8. A careful analysis of the mass of evidence thus obtained disclosed considerable divergence of opinion among witnesses upon several points of fact vital to the enquiry. In some cases these opposite views seemed to be supported on either side by an almost equal volume and quality of evidence. In order, therefore, to obtain a groundwork of fact with which to test the evidence of witnesses, the Committee proceeded to obtain from the Board's Officers, and from the Clerks to the Guardians of all the Unions in England and Wales a body of statistical information which is included in the Appendix.

9. These statistics were very carefully collected and checked, and are believed to be trustworthy. It is accordingly with less diffidence that the Committee put forward the opinions and suggestions in the succeeding paragraphs, inasmuch as the views which they embody will in almost every case be found to coincide with a large body of evidence, corroborated by independently collected statistics.

PART II.

FIRST TERM OF REFERENCE.

"As to any difficulties experienced in obtaining an adequate supply of properly qualified Nurses and Assistant Nurses, and how far these difficulties can be met."

10. The Committee have taken this term of reference to include all grades of Nurses, and also Probationers, and under it they have accordingly dealt in succession with the adequacy of the supply of (a) Probationers,* (b) Assistant Nurses, (c) Nurses, and (d) Superintendent Nurses.

PART II. (a).

THE SUPPLY OF PROBATIONERS.

11. A Poor Law "Probationer" is a person who, having been appointed by the Guardians, with the Local Government Board's sanction, as a Probationary Nurse, is receiving training as a Nurse in a workhouse Infirmary. In return for her training, the Probationer undertakes nursing duties, generally increasing in responsibility with each year of probationary service. As a rule she contracts with the Guardians, who appoint her, to stay in their service for a period of one, two, or three years. She is paid a small salary on a progressive scale; in a very few instances, however, the Guardians receive a premium for training her. At the end of her term of service she receives a certificate from the Guardians, and, according to the length of her training and the class of Infirmary in which it has been undergone, she has been considered by the Board to be duly qualified for appointment as Nurse, or as Superintendent Nurse, as the case may be. The Guardians give no guarantee to the Probationer that they will employ her at the end of her term of service, and it follows as a corollary, that she is not bound to stay in the service of the Guardians after the expiry of her probationership.

12. Probationers were apparently first employed in the Poor Law Service under orders of the Board issued from 1873 onwards to the Managers of the Metropolitan Sick Asylum Districts authorising those bodies in accordance with Section 29 of the Metropolitan Poor Act of 1867, to use their "Asylums for the Sick Poor" as Training Schools for Nurses. The Committee have no evidence to show to what extent these Orders were originally acted upon; but nothing is more striking in the recent history of poor-law nursing than the enormous increase in the number of Probationer Nurses employed during the last five years. In 1896 the total number was 936; in 1901 this total had swollen to 2,100, representing an increase of well over 120 per cent., and from figures obtained in the present year it is evident that the numbers are still further increasing. See Appendix IV.

13. In August 1902 there were 1,974⁽¹⁾ Probationers in Poor Law Infirmarys recognised by the Board as Training Schools for Superintendent Nurses, where the period of training is as a general rule three years. A large number⁽²⁾ of Probationers, however, leave before completing a full three years' training. Hence the average annual output from these Training Schools of Nurses qualified as Superintendent Nurses will be considerably less than one-third of the total number of Probationers. On the other hand, in so far

⁽¹⁾ 1049 in the Metropolitan and 925 in the Provinces, See Appendix V. & VII.
⁽²⁾ According to Appendix VII. between 31 and 32 per cent.

* The Board's full official term for Probationers is "Probationary Nurses"; see the Orders issued to the Kingston and other Unions.

as those, who leave, do so during the second and third years of their training, they will tend to make the average annual output of Nurses, with at least one year's training greater than one-third of the total number of Probationers. It does not seem therefore unreasonable to estimate the average annual output of Nurses with one year's training and upward as being one-third of the total number of Probationers in the Training Schools. A further support to the moderation of this estimate is afforded by Appendix V. and VII., which show that there are at present in the Training Schools 768 "First Year," 666 "Second Year," and 540 "Third Year" Probationers. Even taking the proportion of those who leave in their first year at as high as one-third, and assuming in addition that this proportion will also hold good as regards the Probationers in their second and third years, these figures show that the output of the Training Schools during the year succeeding the date of the Returns will be at least 360 ⁽¹⁾ Nurses with three years' training, and 402 ⁽²⁾ Nurses with between one and three years' training, *i.e.*, a grand total of 762 Nurses with at least one year's training. The Committee feel therefore justified in calculating that the average annual output from the Training Schools of Nurses with one year's training and upwards will be at least one-third of the total number in the Training Schools, *i.e.*, between six and seven hundred.

⁽¹⁾ *i.e.*, two-thirds of these at present in their third year.

⁽²⁾ *i.e.*, one-third of these now in their third year, and one-third of these now in their second year.

There are also at least 400 Probationers under training at non-training schools where the training may be either for one, two, or three years, and it may be roughly estimated therefore that at least 100 of them will annually have completed at least one year's training.

This calculation gives therefore a grand annual total of between seven and eight hundred Probationers with one year's training and upward available from Poor Law sources alone for appointments as Nurses in the Poor Law Service.

14. The average annual number of new Nurses at present required by the Workhouses and Workhouse Infirmarys of England and Wales is also somewhere between seven and eight hundred.* The Poor Law Service seems therefore to have naturally attained to this position of economic balance, that each year it demands between seven and eight hundred new Nurses, and for each year it supplies between seven and eight hundred Probationers who are qualified to act as Nurses.

The Committee accordingly find that arithmetically speaking the existing supply of Probationers is sufficient at present to furnish the Poor Law Service with properly qualified Nurses.†

e.g., Knott, 2419.
Atkinson, 1270.
Tillotson, 957,
984.
Wilson, 14.

See pars. 10 and 19.

15. Unfortunately, however, two qualifications must be made which seriously detract from the practical value of this theoretically satisfactory position. In the first place the evidence clearly shows that *all* the Probationers do not continue in the Poor Law Service as Nurses on the completion of their training, and in the second place there is little doubt but that over and above the demand for Probationers as recruits for posts as Nurses, there is a distinct demand and satisfactory use for them in the Poor Law Service in the way of performing Nursing duties for the sick poor while undergoing their training as Probationers.

16. As regards the number of Probationers who leave the Poor Law Service, the Committee found a consensus of opinion among the witnesses that the defection in this respect was very considerable.

Wilson, 419.
Tillotson, 967,
984.

See Appendix VII.

Some witnesses affirmed that practically all Probationers left the Service. The valuable statement as to Probationers in the Metropolis prepared for the Committee by Miss Stansfeld is sufficient refutation of this extreme view. From details there furnished it appears that of the Probationers who complete three years' training in the Metropolitan Separate Infirmarys, some

* Actually 754 in the year ended 31st December 1901. See Appendix VI.

† At present a three years' training is not a "prescribed" qualification except for appointments as Superintendent Nurse, and for some of the higher grades of Nurses in the Separate Infirmarys. In 1901, out of a total of 1,368 appointments as Nurses, only 85 were appointments as Superintendent Nurses.

45 per cent. remain in the Poor Law Service at the conclusion of their period of training. Upon these figures the proportion of those who leave, roughly estimated, would be 55 per cent.; but it must be remembered that these figures relate to some of the most highly trained and certificated Nurses in the Poor Law Service, to whom many lucrative outside posts would be open, and it is not fair to assume that the proportion is so large in the case of Probationers who have served only one or two years, or who have obtained a three years' certificate at an unrecognised training school.

17. The very considerable defection of Probationers thus disclosed need not, however, the Committee submit, in any way necessarily indicate a corresponding amount of dissatisfaction with the conditions of Poor Law Service. If the unpopularity of the Service were the cause of the exodus, the news would soon spread, and very shortly there would ensue a serious diminution in the number of candidates for posts as Probationer Nurses. But the very contrary is shown by the evidence to be the fact. With the exception of a few cases,* there was not stated to be any difficulty at all in obtaining as many Probationers as were required, and in this connection it is a significant fact that only four out of all the Metropolitan Workhouse Infirmaries complain of any dearth of Probationers. See Appendix VII.

The Committee regard this eagerness to become Poor Law Probationers as a corroboration of the views expressed by many experienced witnesses as to the value of the poor-law training of nurses. The openings in the nursing career outside the Poor Law Service have enormously increased in the last five years. District and Private, Jubilee and Colonial Nursing are all highly attractive and remunerative professions. But the qualifying training for these careers is expensive. In the year 1900 alone the non-Poor Law Hospitals in England and Wales received some 13,500*l.* in fees from Nurses and Probationers.

On the other hand the training in Poor Law Institutions is both excellent and gratuitous. It seems therefore obvious to the Committee that as long as these conditions prevail a large percentage of young women desirous of entering the nursing profession will continue to become Poor Law Probationers, with the sole object of obtaining a valuable training at no cost to themselves, and with no idea of remaining in the Poor Law Service any longer than is necessary to qualify themselves for the more remunerative positions which are to be obtained elsewhere.

18. The Committee find, therefore, that in order to supply solely from the Probationer Class the annual demand of the Poor Law Service for Nurses it would be necessary to increase the existing number of Probationers, so as to allow for the wastage caused by the defection of Probationers at the conclusion of their training.

19. But apart altogether from the subsequent careers of the Probationer Class, *i.e.*, from the question of its utility as a recruiting ground for Poor Law Nurses, the Committee feel that it would be wise, if possible, to encourage an increase of the number of Probationers in the interests of the sick poor themselves. The Probationer Nurses are very frequently employed, if not actually appointed, as Assistant Nurses and Nurses. The Committee believe that as a matter of fact they have been, and are used by Guardians to supersede the old class of paid "Assistant" and "Pauper" Nurses, and in this connection it is perhaps legitimate to connect† the great increase in the number of Probationers since 1896, with the issue of the Nursing Order of 1897, under which Pauper Nurses were abolished, and the appointment of inexperienced Assistant Nurses forbidden.

* *i.e.*, Workhouse Infirmaries where the training given to Probationers did not qualify for the post of Superintendent Nurse. The total number of Probationers trained in such infirmaries is only about 400.

† In his Nursing Return for 1902 Mr. Wethered also calls attention to the decrease in the number of "pauper attendants" which accompanies an increase in the number of Nurses, in which term he includes Probationers. See Appendix VIII.

The evidence as a whole shows that the Probationer is of good class and character, and there can be little doubt that with the prospect of a certificate and a career before her, even if she be not highly talented, she treats the sick with more sympathy and care than either an untrained permanent Assistant Nurse on the one hand, or a Pauper Nurse or "attendant" on the other. Furthermore, a Probationer in return for her training and certificate is willing to give her services at a much less salary than similarly competent services could be obtained for under ordinary conditions. It is believed therefore that, in many cases, by the employment of Probationers, the sick in workhouses could be provided with a larger staff of Nurses than the Guardians, from perhaps legitimate considerations of cost, could be induced to supply by the employment of none but ordinary paid Nurses.

20. There is another aspect also from which the Committee consider it very desirable that the number of the Probationer Class should be increased, so as to permit of a surplus of qualified Nurses being annually available, over and above the number required to fill the normal annual vacancies in the Poor Law Service. The Committee think that, if possible, the Probationer Class should be regarded not only as the recruiting ground from which the normal annual demand for nurses can be supplied, but that it should also represent a kind of Nursing Reserve, from which in time of need an extra supply of Nurses could be drawn, so as to obviate any temporary dearth of Nurses in the Poor Law Service such as that caused by an epidemic, or by the late Boer War.

21. As regards the supply of Probationer Nurses, the findings of the Committee therefore are :—

i. That the existing supply of Probationers is numerically sufficient to fill the normal annual vacancies for Nurses in the Poor Law Service.

ii. That, in view of the reasons stated in paragraphs 15 to 20, it would be wise to encourage an increase in the number of Probationers in the Poor Law Service.

iii. That the number of applicants for posts as Probationer Nurses is well in excess of the number of vacancies at present occurring in Poor Law Infirmaries which maintain a Resident Medical Officer.

iv. That there is a certain dearth of applicants for posts as Probationer Nurses in some Infirmaries not maintaining a Resident Medical Officer, but that this difficulty should be largely overcome if the recommendations in Part III. of the Report are adopted.

v. That it may therefore be assumed that there will be no difficulty, on the score of dearth of applicants, in increasing the number of Probationers.

The measures which should be taken in order to promote an increase in the effective supply of Probationers are, in the Committee's opinion, firstly, an increase in the facilities for training, and, secondly, an increase in the general attractiveness of the Poor Law Nursing Service; and recommendations in these two respects will be found in Parts II. (c), III., and IV. of the Report.

See Humphreys,
3036-7.

See paragraphs,
43-46.

Atkinson, 1237.
Hawkyard, 1181.
Brown, 2971,
2991.
Stone, 3328.

PART II. (b).

THE SUPPLY OF ASSISTANT NURSES.

22. The Committee have been somewhat at a loss to deal appropriately with the question of the sufficiency of supply of this class of Nurse, inasmuch as it has not been possible to find any definition adequate to cover all the types of Nurse which, rightly or wrongly, are in various quarters taken to be included under the heading "Assistant Nurses."

See, *e.g.*, Kett, 676.

23. The first mention of "Assistant Nurse" in official Poor Law literature is, so far as the Committee are aware, to be found in the Poor Law Board's Circular of 5th May 1865. In that document Guardians are urged to appoint paid assistants to the Nurses, and "to discontinue the practice of appointing pauper inmates of the Workhouse to act as Assistant Nurses in the infirmary or sick ward." Throughout the circular the terms "Assistants," "Assistants to the Nurses," and "Assistant Nurses" appear to be used as interchangeable expressions, and the intention seems to have been that paid Assistant Nurses should be appointed as assistants to the Nurses under Art. 153 of the General Consolidated Order, 1847, in order to do away with pauper Assistant Nurses, employed as such under Art. 112 and remunerated by an extra dole of food under Art. 108 (Fourthly) of the Order. It would therefore appear that, historically speaking, paid Assistant Nurses were introduced into the Poor Law Service to perform more or less menial work in connection with the sick which had previously been undertaken by unskilled pauper-labour.

See also Arts. 99
"Fourthly" and
"Fifthly."

24. This tradition of the entirely untechnical nature of the Assistant Nurse's work in its origin, has probably been felt by the Central Poor Law Authority over the period from 1865 to 1897 to be a justification for not prescribing any specific experience in nursing as a qualification in persons appointed as Assistant Nurses. The Probationary Nurses appointed under the Central London Sick Asylum Order, 1873, were specifically authorised* to serve in the capacity of Assistant Nurses on their appointment and during their one year of training, and even the Nursing Order of 1897, in Art. II, dispenses with any qualification of nursing experience where the Assistant Nurse is under a Superintendent. The terms of the circular letter which accompanied this latter Order indicate that the dispensation was intended to meet the case where it was desired to train young persons in nursing (as Probationers or otherwise) under a Superintendent Nurse. But unfortunately there seems to be an impression in the Nursing world that it was the intention of the Article to create or allow in the Poor Law Service a class of untrained, inexperienced Nurses called Assistant Nurses. Consequently, there would seem to be some danger of a certain amount of professional odium attaching to the whole class of persons performing, as the Committee believe, often very conscientious and skilled work under the title of Assistant Nurses.†

e.g., Gibson, 1824-27.

Wilson, 129.

Humphreys,

3037-8

and Appendix X.,
page 32.

25. The Committee have had placed before them very little definite evidence to show what is the size and quality of the class of persons known as Assistant Nurses in the Poor Law Service. The opinion that the class is a very large one would, however, seem to be borne out by the Statement in the Appendix, which shows that in four months, out of 486 appointments as Nurses made by Guardians and sanctioned by the Board, 118 have been specific appointments as "Assistant Nurses."

Wilson, 131.

See Appendix XI.

* Art. 6 of the Central London Sick Asylum District Order of 13th May 1873.

† *e.g.* The Metropolitan Asylums Board employ Assistant Nurses of two classes:—First Class, 24*l.* to 28*l.* salary, who must have had one year's training on appointment; Second Class, 20*l.* to 24*l.*, who need have had no training on appointment.

This Statement also shows that the term "Assistant Nurse" may cover on the one hand a Nurse with little or no experience and a salary of 5*l.* a year, and on the other a highly experienced Nurse with salary rising to 41*l.* per annum.

26. It appears that there is some difficulty in the Metropolis in obtaining the services of persons known as Assistant Nurses, and from the high average salary shown by the Statement, it may perhaps be inferred that this difficulty is becoming a general one throughout the country. The Committee propose to meet this difficulty by gradually doing away with "Assistant-Nurses" as a class and providing that their work shall be carried on by other classes of Nurses.

27. It is true that the title "Assistant-Nurse" has been recognised by various of the Board's Orders* and by Statute: but the Committee do not anticipate that any serious inconvenience or injustice will arise by allowing the title and the class represented by it to gradually die out of the Poor Law Service, and they therefore recommend that no more appointments as Assistant-Nurse be sanctioned by the Board.

* *e.g.*, Appointment of Assistant Officers Order, 18th August 1867, Art. 3. Nursing of Sick in Workhouses General Order, 6th August 1897, Articles 2, 3, 4. Poor Law Officers Superannuation Act, 1897.

PART II (e).

THE SUPPLY OF NURSES.

28. Inasmuch as there has been in some quarters a very general impression that there is widespread and acute difficulty in keeping up the staff of Nurses in the Poor Law Service, the Committee think it will be convenient to explain at the outset, under this heading, what actually is the extent and nature of this difficulty as disclosed by the evidence. Put baldly, there have been twenty-nine⁽¹⁾ statements that difficulty exists and only eight⁽²⁾ statements that difficulty does not exist. The names of the authors of these statements are given in the margin together with the names of the Unions (if any) to which the statements more particularly referred. A mere enumeration of witnesses and their opinions seems therefore to result in an overwhelming preponderance of testimony to the existence of a very general and serious difficulty in obtaining nurses for the Poor Law Service. But this conclusion is hardly borne out, or at any rate, requires very considerable qualification, if a more careful analysis of the evidence is undertaken.

Knott, 2347.
Leach, 1295.
Lee, 797.
Macormack (Newport, Mon.), 1393.
Marquardt, 2055.

Raw, 2604.
Rhodes, 1499.
Richmond, 2231.
Russ (Wells), 1683.
Stone (Norwich), 3320.
Preston-Thomas, 3607.

Tillotson (Halifax), 975.
Vulliamy (Ipswich), 1639.
Wates, 2052.
Wilson, 6.
Nurse X., 1390.

(2) Adeock (W. Bromwich), 2844.
Gibson (Birmingham), 1843.
Knott (Portsmouth), 2373.

(1) Atkinson (Kingston-on-Hull), 1236.
Bonser (Mansfield), 3577.
Buckell (Chichester), 2668.
Davy, 3215.
Baldwyn Fleming, 3665.
Dury (Clutton), 1744.
Fincham (Cranbrook), 2266.
Fry (Bath), 2886.
Gibson, 1804, 1312.
Hawkyard (Hunslet), 1186.
Holland, 3076.
Humphreys, 3021.
tt, 660.

Leach (Darlington) 1310, 1314.
Moore (Horsham), 2819.
Rhodes (Chorlton), 1494.
Wilson, 29.
Wates (Lewisham), 2029.

29. Of the twenty-nine testimonies to difficulty, five⁽³⁾ only relate to Unions having Infirmaries of 150 beds and over, and one only to a recognised training school having a Resident Medical Officer.

Twenty-one out of the twenty-nine do not allege any difficulty in the larger Town Workhouses, and of the eight who make such allegations three⁽⁴⁾ do so in general terms without adducing any particular instances. On the other hand, of the eight witnesses to the absence of difficulty, six speak with direct reference to the experience gained in large town Workhouse Infirmaries, and a seventh (the Treasurer of the Workhouse Infirmaries Nursing Association) specifically limited her statement to the larger workhouses.

(3) Bath, 210 beds.
Halifax, 400 beds
(R. M.O.).
Ipswich, 160 beds.
Kingston-upon-Hull, 300 beds.
Norwich, 150 beds.

(4) Baldwyn Fleming.
Knott.
Lee.

30. The general position therefore seems to be that there are twenty-one witnesses to difficulty, and only one witness to the absence of difficulty in Workhouses with 150 sick beds and under; but as regards Workhouses with over 150 sick beds, there are eight witnesses to difficulty, numerically counterbalanced by eight witnesses to the absence of difficulty.

Moore (Horsham), 97 beds.

31. The first deduction, which this analysis suggests, is that there is a very extensive and serious difficulty in Workhouses with less than 150 sick beds. But the Committee feel that such a deduction would be fallacious, inasmuch as it does not take into account the improbability of witnesses appearing before the Committee from the smaller Unions, in which no difficulty might have been experienced. Such Unions would not be likely to be so deeply interested, as the larger Unions, in Terms of Reference (2) (3) and (4), and their contentment with the existing state of affairs as regards the supply of Nurses, would not have furnished any motive for approaching the Committee on the first Term of Reference. The ratio, which the number of witnesses for, bears to the number of witnesses against the existence of difficulty in the smaller Unions, can hardly therefore be taken as a criterion of the seriousness of the difficulty in those Unions.

32. The second deduction suggested by the analysis of the evidence is that the difficulty is out of all proportion greater in the smaller than in the larger Unions. But this second deduction is as dangerous as the first, inasmuch as the Workhouses with under 150 sick-beds are between four and five times as numerous as the Workhouses with over 150 sick-beds, so that, as an index of the extent of the difficulty in the two classes of Workhouse, eight witnesses from the larger Workhouses would only be equalled by at

least $(4 \times 8) = 32$ witnesses from the smaller Workhouses. But there are only 21 witnesses to difficulty in the smaller Workhouses, and it therefore follows that the evidence as it stands actually indicates a proportionately greater difficulty in the larger than in the smaller Workhouses. The proportionately greater number of witnesses to difficulty from the larger Unions is however in all probability partly accounted for by the fact that these Unions would send more witnesses than the smaller Unions on Terms of Reference (2), (3), and (4), and as a matter of fact much of the evidence from the larger Unions on the First Term of Reference was only given incidentally in dealing with other matters.

33. After much consideration the Committee felt therefore that all that could be safely deduced from the evidence was that there existed a considerable amount of difficulty in obtaining Nurses, and that this difficulty was not entirely confined to the smaller Unions.

34. In order to further elucidate the question of the extent and distribution of the difficulty, the Clerk of every Union in England and Wales was asked to send in particulars of the number of beds in the Workhouses and Infirmaries belonging to his Union, together with a statement as to whether or not his Guardians had experienced difficulty in obtaining Nurses* during the year ended June last. The result of the Return thus obtained is given in Appendix III. Out of 671 Workhouses and Infirmaries "difficulty" was alleged in 171 cases, and "no difficulty" in 472, and the balance of 28 consisted of cases in which no permanent Nurses were employed during the year. The Institutions included in the Return have been arranged in classes according to size, and it appears that, with very few exceptions, the cases of "difficulty" are fairly equally distributed among each class of Institutions in proportion to the total number of Institutions in that class. (See column 4 (b) of Appendix III).

35. The Committee of course recognise that an element of uncertainty is introduced into the Return, in view of the possibility that different Clerks interpreted differently the expression "difficulty"; but in most cases where "difficulty" was alleged additional particulars were given to show that the Guardians had been put to considerable trouble and inconvenience in obtaining the Nurses they required. In a few cases it was stated that it had been impossible to get the Nurses required, but the majority of detailed complaints were to the effect either, that repeated advertisements had resulted in an inadequate number of applicants, or else that the applicants, though sufficient in number, were deficient in the qualifications which the Guardians required.

36. The Committee think therefore that from this Return, taken in conjunction with the evidence given before them, it may reasonably be assumed that some difficulty in obtaining a proper supply of qualified Nurses has been affecting about a quarter of the Workhouses and Infirmaries in England and Wales, and that the difficulty has with a few exceptions extended in fairly equal proportion to all classes of Workhouse.

37. As regards the very small Workhouses with sick-beds to the number of 10 and under, practically no difficulty in obtaining Nurses could arise, inasmuch as in a large proportion of this class no permanent Nurses were employed; the nursing being either done by Matrons or Assistant Matrons who are trained Nurses, or by Nurses obtained from outside Institutions as occasion required.

38. It will be seen from the preceding paragraphs that the difficulty, while admittedly a substantial one, is by no means so widespread as has been suggested, inasmuch as fully three-quarters of the Workhouses and Infirmaries in England and Wales are admittedly free from it even at a period when, as will be subsequently shown, the supply of Nurses was

See paragraphs
44—46.

* Exclusive of Probationers.

imited by exceptional causes. Nor is it probable that the difficulty has as yet seriously affected the nursing of the sick poor as a whole, seeing that, even in those Unions which have suffered, the complaint made (with a very few exceptions) is only as to a difficulty and not as to an impossibility of obtaining Nurses.

39. The view that the difficulty in obtaining Nurses has not led to any serious defect in the arrangements for nursing the sick poor, as a whole, obtains further support from the fact that the proportion of Nurses to patients over the whole Poor Law Service approximates to what has been suggested as sufficient by various witnesses. ⁽¹⁾ According to a Parliamentary Return issued in 1896 the proportion of Nurses* to patients was as 1 : 10–11 sick or bed-ridden paupers, or 1 : 15–16 including also the merely old and infirm inmates of the sick wards. According to Mr. Wethered's ⁽²⁾ Return for his District the proportion had increased from 1 : 17 in 1898 to 1 : 15 in 1901 notwithstanding an increase during that period of some 6½ per cent. in the number of sick. Mr. Jenner Fust's ⁽³⁾ Return shows a proportion of 1 : 12–13, and the Return ⁽⁴⁾ as to the Separate Infirmaries in the Metropolis 1 : 8–9.

⁽¹⁾ *e.g.*, Gibson (1868) 1 : 9.
Holland (3074) 1 : 10.
Knott (2383) 1 : 10–12.
Buckell (2671) 1 : 10.
Wilson (51) 1 : 10–15.
Barclay (263) 1 : 20.
Hawes (762) 1 : 25.
⁽²⁾ See Appendix VIII.
⁽³⁾ See Appendix XII.
⁽⁴⁾ See Appendix VII.

40. In view of the large and varying number of merely infirm included in the sick wards, and of the widely differing nature of the actual cases of sickness, the Committee are not prepared to lay down any proportion of Nurses to patients, as being ideal or sufficient to meet the needs of different localities. This is a question which must primarily be decided in each individual instance by the Medical Officer and the Guardians on a consideration of the character and number of the cases and the structural arrangements of the buildings. But the point the Committee wish to emphasise is that, notwithstanding the difficulty of obtaining Nurses, and notwithstanding the almost certain increase in the number of sick in recent years, there does not appear to have hitherto been any general failure to maintain what has been considered a fair proportion of Nurses to patients.

Preston-Thomas, 3645.

41. The difficulty of obtaining Nurses in some Workhouses does not, therefore, the Committee submit, indicate at present any general dearth of Nurses for the sick poor in Workhouses.

42. On the other hand a condition of affairs, which involves some 171 Workhouses and Infirmaries in genuine difficulty in obtaining Nurses, must indicate a considerable amount of administrative embarrassment and, if allowed to continue or to spread, might also result in serious injury to the interests of a large proportion of the sick poor in Workhouses.

It is therefore highly important to examine the causes of the difficulty with a view to removing them if possible.

43. In the opinion of the Committee the causes of the difficulty may be sub-divided into (a) causes likely to be temporary, and (b) causes not likely to be temporary.

Under heading (a) should be included, in the first place, the late Boer War, and in the second, the prevalence during recent years of serious epidemics, such as Influenza, Smallpox, &c.

44. With regard to the war the Committee have obtained figures, which show that, during the operations in South Africa, the Army employed an excess of about 1,000 Nurses over and above the usual establishment. Of this number more than 900† were recruited in Great Britain, and it is exceedingly improbable that this drain on the supply of Nurses would not have made itself felt in the Poor Law Service.

45. As an illustration of the exceptional demand for Nurses occasioned by the Smallpox it may be mentioned that nearly 10,000 cases, necessitating

* Under "Nurses" here probationers are included. The Committee understand that it is customary to so include them in such calculations. See also Evidence, Holland, 3073.

† Actually 919. See Appendix XIII.

See Appendix
XIV.

the employment of 420 additional Nurses, were, during the period from 1st June 1901 to 28th June 1902, nursed in the Hospitals of the Metropolitan Asylums Board alone, and it seems clear that the epidemic must have in other directions also increased the normal demand for Nurses, both within and without the Poor Law Service.

Appendix VI.

46. The figures thus authoritatively ascertained mean that the War Office and the Metropolitan Asylums Board alone have been temporarily monopolising the services of nearly twice the number of Nurses (750), that are required to meet the annual demand of the whole of the Infirmaries and Workhouses in England and Wales, so that it would seem only reasonable to attribute to these causes some influence in lessening the supply of Nurses available for the Poor Law Service, and to presume that with the cessation of the war and the smallpox a proportionate relief will be felt. It is also hoped that the measures recommended in Part III. will result in the formation of a reserve of Nurses, who would be available to diminish the effects of similar temporary abnormal demands in future.

47. Under the heading of causes of the difficulty which are unlikely to be merely temporary, should be grouped together all those circumstances, such as the monotony of workhouse life, the small proportion of surgically interesting cases in the sick-wards, &c., &c., which combine to make the Poor Law Nursing Service comparatively unattractive.

48. The Committee may at the outset, however, remark that they are of the opinion that an undue impression of the unpopularity of the Poor Law Nursing Service has arisen, by reason of the undoubtedly large number of changes in the office of Nurse which take place every year. It has apparently been assumed that the large annual number of appointments as Nurse must be taken as an indication of the unattractiveness of the Service. But the Return in Appendix* shows that, out of some 1,300 annual appointments as Nurse, about 600 are made in respect of vacancies caused solely by the circulation of Nurses from one Institution to another within the Poor Law Service. Such circulation, in so far as it represents a desire on the part of the Nurses to widen their professional experience, the Committee are not disposed to regard with disfavour.

See para. 4 of Ex-
planatory Memo-
randum attached
to Appendix VI.

49. Moreover, in view of the fact that the majority of Nurses are young unmarried women, even the large annual number (670, about) of Nurses indicated by the Return as leaving the Poor Law Service, need not, it is submitted, excite alarm. Deducting a percentage for removals by deaths and disease, the actual number of those who voluntarily leave cannot be much over 600. It is true that this number represents, roughly, a fifth of the total number of Nurses employed by the Guardians; but it must be remembered that the actual loss to the Poor Law Service is less by two-fifths than the apparent loss, inasmuch as there is an annual return to the Service of some 240 Nurses, representing those who have left in previous years.

See page 5 of
the same
Memorandum.

50. The Return also shows that in 288 Unions out of 647 there were no changes in the Nursing Staff during a year, a fact which very distinctly limits the area affected by the migration of Nurses.

As to the exten-
sion of the
Nursing difficulty
to non-poor-
law Institutions
See Wilson, 26, 125

51. The Committee believe that the General Hospitals also experience a very considerable annual migration from among their Nurses, and the large proportion of annual appointments to the office of Nurse made by the Metropolitan Asylums Board† points similarly to the conclusion, that the Nursing Profession includes a large number of women of a migratory nature, who will periodically seek a change of surroundings.

Gibson, 1986.
Broadwood,
3774.

Humphreys,
3061.

Leach, 1293.

* Appendix VI. The actual figures for the year taken are 1,387 and 628.

† Total number of Nurses in 1901 = 2,410. Total number of appointments as Nurses in 1901 = 1,151.

52. None the less, the Committee are well aware that the increase in the social and professional status of Nurses in general, which has taken place since the main conditions of nursing life were determined for the Poor Law Service, must seriously have decreased the comparative attractiveness of that Service. The main conditions as to the employment of Poor Law Nurses were laid down by the General Consolidated Order of 1847. Apparently at that time the Workhouses were looked upon, not only as important sources of employment, but also as important sources of training for Nurses, for, within a decade of the date mentioned, (*i.e.*, in 1855-56) it is instructive to find the Epidemiological Society urging the Poor Law Board to allow the female paupers in the Workhouses to be trained up under the Workhouse Nurses, for the purpose of forming a class of Nurses available for the outside public. See Appendix XV.

53. In contrast to that state of affairs it is common knowledge that at the present day the daughters of gentlemen do not consider it derogatory to enter the Nursing profession, and when they have entered it, at the price of much hard work and many fees, the more expert of them are able to gain positions of considerable emolument and repute in the ranks of the Private, District, Hospital, or Jubilee Nurses, or in the Colonial or Army Nursing Services.

54. The Committee have received evidence to show that the Poor Law Nurses are to a great extent recruited from the daughters of private gentlemen, professional men, farmers, and shopkeepers. There have been some allegations that the class of the recruits is deteriorating. The Committee are not disposed on the whole to consider that the class differs very largely from the class of non-Poor Law Nurses. They therefore consider that as counter attractions to the high emoluments and freedom of life offered to this class by District and Private nursing on the one hand, and to the prospects and status offered to them by the Colonial and Army Nursing services on the other, every effort should be made to increase the prestige, the professional opportunities, and the personal comfort of the Workhouse Nurse in general, and the Rural Workhouse Nurse in particular. See Index to Evidence under Headings "Nurses" and "Probationers." *e.g.*, Dury, 1744.

55. Under the heading of increase of prestige the Committee recommend:—

(1) That where the number of Nurses justifies such a course, the Guardians should employ paid servants to perform household work in the Nurses' quarters; and that in other cases, the better class of pauper labour should be provided for this work. See Baldwyn Fleming, 3667, 3685. Wilson, 36-41. Russ, 1687. White, 2215.

(2) That the official qualifications* of the Nurse should be increased as indicated under Part III. of the Report.

(3) That, where possible, the office of Nurse and Matron should in the smaller workhouses be combined. This would increase both the importance of, and the chances of promotion attached to the office of Nurse. See also para. 63.

(4) With a view to increasing the repute of the office of Nurse, Guardians should not be allowed to appoint untrained persons as Assistant Nurses. See recommendation at end of Part II. (b) of Report. As to the appointment of untrained persons as Nurses, See Kett, 551. Lee, 797. Hawkyard, 1181. Preston Thomas, 3607. Wilson, 61. Russ, 1695. 1739. Leach, 1305-9.

(5) The attention of Guardians should be called to their power to prescribe appropriate duties for their Nurses under Art. 154 of the General Consolidated Order, 1847, and to the necessity, in order to avoid any misunderstanding, of specifically making it the Nurses' duty to attend upon the sick in all parts of the Workhouse premises.†

* At present the official qualifications are generally those in the General Consolidated Order, Art. 165, and the Nursing Order, 1897, Art. II.

† See paragraph 15 and 116.

56. It has been suggested to the Committee that, with a view to increasing the prestige of the Nurse, she should be placed as regards her tenure of office on the same footing as the Master, the Matron, the Relieving Officer, and the Schoolmistress. These officers can only be dismissed with the consent of the Board, but the Nurse is dismissable by Guardians at will, although a report of such dismissal, and the grounds thereof, must in each case be forwarded to the Board (Art. 188, General Consolidation Order, 1847).

The Committee have however received no evidence to show that hardship has resulted to Nurses from the exercise by Guardians of this power of dismissal; indeed, the Committee understand that the general tendency of Boards of Guardians is to treat with leniency rather than severity any faults or failings of the Nurses in their employ.

In these circumstances it does not appear that the proposed alteration would, as a matter of fact, increase the security in the tenure of her office which the Nurse at the present time enjoys.

Having regard therefore to the existing powers of the Guardians in the matter, and to the principles of decentralisation and local responsibility so generally recognised at the present day, the Committee are unable to recommend that the right to dismiss their Nurses should be taken away from the Local Poor Law Authorities.

(¹) For the working of this system, See Buckell, 2653. Robinson, 3476, 3501 and Davy. Also Index to Evidence under "Out-Relief, Nursing."

See para. 94 (2).

57. Under the heading of increase of professional opportunities the Committee recommend:—

(1) With a view to increasing the scope for experience in small country Workhouses Nurses should, where possible, as at Chichester, be allowed to combine a certain amount of nursing of the outdoor poor with their nursing of the indoor poor. (¹)

(2) With a similar view to (1) Nurses should be enabled (under conditions in Part III.) to undergo part of their training or qualifying service at other than large Workhouses, so that they might circulate between country and town Workhouses.

58. Under the heading of increase of comfort the Committee recommend:—

(1) In country Workhouses, in order to compensate for the monotony of the life, the salary offered should be slightly higher than that in the town Workhouses. This would enable the Nurse in conjunction with (2) to make herself a comfortable home.

Apart from this point the evidence seemed to show that the existing salaries were generally adequate.

(2) The quarters of the Nurse should be made as comfortable as possible; and in every case she should have a separate bedroom.

(3) Leave should, where possible, be allowed on the following scale—which the evidence seemed to show would be considered adequate—

(a) Three weeks in the year;

(b) One day a month;

(c) Alternate Sundays;

(d) Half-day a week;

(e) Two hours a day.

(4) With a view to facilitating (3) Guardians should be urged to maintain a permanent staff adequate to cope with the day nursing and night nursing of the patients, and to obtain extra Nurses from an Institution when necessary.

(5) Guardians should be encouraged to pay part of the premiums towards annuities for their Nurses.

See Lee, 860.
Wilson, 46.
Vulliamy, 1628.
Sandercock, 2252.
Russ, 1686.

See Rhodes, 1501.
Baldwyn Fleming, 3667.

See Index to Evidence, "Nurses, Leave of."

The Committee understand that Nurses have very generally taken advantage of the Poor Law Officers Superannuation Act of 1897 to contract out of the similarly named Act passed in 1896. This is apparently chiefly due to the fact that the minimum age at which a pension is obtainable under the Act is too high to be of any general benefit to Nurses, having regard to the arduous and exhausting nature of their duties.

It is felt that the certainty of a pension at a reasonably early age would add very materially to the attractiveness of the Poor Law Nursing Service, and the Committee urge very strongly that Guardians should, in all cases of Nurses who have contracted out of the Act of 1896, contribute towards the premiums of the Nurse's annuity on some scheme similar to that obtaining in some of the London Hospitals. If necessary, special powers should be given to the Guardians for this purpose.

(6) Nurses should be allowed to choose their rations up to a fixed proportion of the money value of such rations.

They should not be allowed to receive money in lieu of rations, and the whole of their rations should be ordered from the tradesmen or contractors by the Master in the usual way. The only exception to this rule should be in cases where, owing to lack of accommodation, Nurses are non-resident, and, even in such instances, the money allowance should be restricted to the value of those meals, which are taken "off duty."

See, *e.g.*, Wilson, 407 *et seq.*, and Appendix XXV
See Baldwyn Fleming, 3667, 3675. Dury, 3681. Russ, 1719. White, 2211.

59. It will be observed that most of the above recommendations are already within the competence of the Guardians, and the Committee therefore recommend that the Board issue a Circular to Guardians calling especial attention to this part of the Report.

cf. Lee, 846.

60. In order, however, to encourage Guardians in the expenditure necessary to maintain an adequate nursing staff at a proper standard of comfort and proficiency, the Committee feel very strongly that there should be a revision of the basis of the grant paid to the Guardians out of Exchequer Funds under Section 26 (1) of the Local Government Act, 1888.

The basis of that grant "until Parliament otherwise determines" is, roughly speaking, the amount certified by the Local Government Board to have been expended by the Guardians in salaries to their officers in 1887, and it therefore follows that the expense of additions to the Nursing Staff since 1887 has resulted in no increase in the grants, and must, in most cases, represent in its entirety a burden upon the local rates.

See Rhodes, 1579. Leach, 1330.

61. The Nurses trained and maintained by the Guardians become, as has been shown, to a large extent available for the nursing of the sick other than the sick poor. These Nurses are a national asset, and the maintenance of the supply of them would seem to be essentially a national service to which Imperial funds should be called upon to contribute. The Committee recommend therefore that the Board should use their influence towards obtaining by legislation a revision of the grant with a view to enabling the State to more directly bear a share of the cost of the Poor Law Nursing Service. If this is done, the Committee think that, as far as Nurses are concerned, the grant should only be paid in each year in respect of those Nurses whose qualifications and appointments are in accordance with the requirements of the Board.

See paragraphs 15, 16, and 49

See Dury, 1355.

A somewhat similar arrangement in Scotland and Ireland has been found to have an excellent effect in maintaining a proper standard of nursing.

Barclay, 251. Sir H. Robinson, 3135.

62. In conclusion the Committee feel confident that the above measures for increasing the attractiveness of Poor Law Nursing will, in combination with the increase in the number of Probationers recommended under Part III., provide an ample supply of properly qualified Nurses.

Macneill, 196, 213-241.

63. In order, however, to ensure that there shall be a proper distribution of the supply of Nurses among the various Workhouses, the Committee very strongly recommend that the adhesion of Boards of Guardians to the following principles should be obtained :

See Index to Evidence, "Matron as Trained Nurse."

(1) At least one Trained Nurse, preferably qualified in midwifery, should, if possible, be resident in every Workhouse; but where the ordinary number of occupied sick-beds does not exceed 60, the Matron of the Workhouse may, if she is a Trained Nurse, act as such, with such suitable assistance in the shape of an Assistant Matron and of Trained or Qualified Nurses as may be required.*

See paragraph 58 (4); also Baldwyn Fleming, 3698.

(2) In very small Workhouses where it is not feasible to have a resident Trained Nurse, arrangements should be made for procuring at short notice the services of a temporary Trained Nurse upon an emergency.

(3) That the responsibility for providing an adequate staff of both Trained and Qualified Nurses in each Workhouse and Infirmary rests primarily upon the Guardians, acting with the advice of their Medical Officer.†

* For explanation of the terms "Trained" and "Qualified Nurses," see paragraph 97.

† See Article 207 (7) of the General Consolidated Order, 1847, and Article 1 of the Workhouse Medical Officers Order, 1868.

PART II. (d).

SUPPLY OF SUPERINTENDENT NURSES.

64. The Committee do not find that the evidence shows any dearth in the supply of this class of Nurse.

*cf. Baldwyn
Fleming,
3721.*

65. This view is borne out by statement in Appendix XVI., from which it will be seen that out of 85 appointments as Superintendent Nurse made during the year 1901, only in 14 cases were the qualifications prescribed by the Nursing Order of 1897 dispensed with, and in only one of these cases was the dearth of applicants alleged as a reason for the dispensation.

66. The difficulty in the case of Superintendent Nurses appears to be not so much the obtaining of an adequate supply as the maintenance with any degree of permanence in their posts of the technically qualified Nurses appointed. In other words, the frequency with which in some Unions Superintendent Nurses are changed, while a testimony to the adequacy of the supply is a source of danger to the efficiency of nursing administration.

67. The chronic alteration of administrators and methods in the sick wards cannot but be detrimental to the interests of patients. With a view to avoiding an undue circulation of malcontents among the higher posts of the Nursing Staff, the Committee have in Parts III. and IV. of the Report made certain suggestions towards increasing both the qualifications and the duties of the Superintendent Nurse. It is hoped that these suggestions, if adopted, will have the effect of retaining Superintendent Nurses more permanently in their appointments, by rendering the tenure of these appointments more attractive.

68. The Committee have had some doubts, however, whether the existing difficulty in satisfactorily filling up appointments to the office of Superintendent Nurse, may not in some cases be partly due to the conditions which at present govern the appointment of such an officer. Under the Nursing Order of 1897, Art. III., a staff of three Nurses and Assistant Nurses necessitates the appointment of a Superintendent Nurse, and it has been represented that a Superintendent Nurse is not really required, as such, in some of the smaller of the Infirmarys or Workhouses in which this Article would require her appointment. To take an extreme case, it is difficult to see how a Superintendent Nurse would find scope for her functions of "superintending and controlling," if her staff consisted merely of two. In such a case she would be likely either to invade upon the functions of other officers, or else to throw up an appointment, which she would feel unsuited to her abilities.

*See, e.g., Davy,
3255.*

69. This objection to the existing rule is heightened when it is remembered that the Superintendent Nurse, if qualified as recommended in this Report, will in future be an officer requiring an even larger scope than heretofore for the proper exercise of her abilities.

70. The Committee therefore recommend that in order to proportion the supply of Superintendent Nurses to the number of appointments fitted for them the following provisions should apply :

(1) A Superintendent Nurse should be appointed as a matter of course where the ordinary number of occupied sick-beds in a Workhouse or Infirmary is 100 and upwards. This would give a possible maximum of some 136 Superintendent Nurses instead of the existing number of

(2) Where the ordinary number of occupied sick-beds is between 60 and 100 the appointment of a Superintendent Nurse should be optional to the Guardians.

71. Provision No. (2) would enable Guardians of Workhouses with between 60 and 100 sick-beds to appoint a Superintendent Nurse, if they wished to make their Workhouse a Minor Training School, or if for any reason they thought there would be sufficient scope for her services.

72. In a similar way, with a view to both justifying and encouraging the appointment of a Superintendent Nurse for Workhouses with between 60 and 100 sick-beds, the Committee recommend that in such Workhouses it should be permissible for Guardians to appoint one person to the two offices of Matron and Superintendent Nurse, with an Assistant Matron to assist in the performance of the duties of the Matron.

See Davy, 3236,
3242, 3250.
Hull, 2693, 2769.

PART III.

SECOND AND THIRD POINTS OF REFERENCE.

(2) *What regulations, if any, should be made as to the qualifications and training of Probationers ;*

(3) *What amendment, if any, is desirable in the Regulations as to the qualification of Superintendent Nurses.*

INTRODUCTORY.

73. It has been thought undesirable to treat these two points of reference entirely separately. In the course of their Inquiry into the condition of Poor Law Nursing the Committee have been much struck with the inter-dependence shown to exist between the qualifications of Superintendent Nurses on the one hand and the supply, status, and training of Probationers on the other. The Nursing Order of 1897 deals ostensibly with Nurses and Superintendent Nurses, but it is in fact also an official minute laying down for Probationers the conditions of their advancement in the Poor Law Service. On the other hand, part of the qualifications of a Superintendent Nurse must in many cases consist of her training as a Probationer and a Nurse, from which it follows that the thorough training of Probationers is one of the best guarantees for the efficiency of Nurses and Superintendent Nurses as a class. The Committee feel therefore that the qualification of Superintendent Nurses and Probationers must be settled with due regard to the necessities of, and the demand for, each of those classes, and also of the intervening class of Nurses, and upon this principle the succeeding paragraphs proceed.

PART III. (a).

QUALIFICATIONS OF PROBATIONERS.

74. At present there are no general regulations as to the qualifications to be required of a young woman whom the Guardians desire to appoint as a Probationer.

Each proposed appointment* is submitted for sanction to the Local Government Board, who consider the case upon its merits; but except in the case where bad character is shewn, it is the general rule not to enter into the question of qualification on the appointment of a Probationer.

75. Inasmuch as a Probationer is essentially a person in process of acquiring qualifications, the Committee consider that the only qualifications which can reasonably be required of her upon appointment are—

1. A minimum age of 21.
2. A good character.
3. Intelligence.
4. Good health.

These qualifications are so obviously desirable in a young woman employed in and about a sick-ward, that it does not appear necessary to dilate upon them.

With a view, however, to more thoroughly testing qualifications 2 and 3 it may often be desirable that a candidate for a probationership, before she is finally appointed as a Probationer, should be allowed to attend in the sick-ward under the supervision of the Superintendent Nurse or of a charge nurse for a trial period of six weeks or two months at least. This system has been found to work very satisfactorily as a method of choosing candidates for probationerships in various Poor Law Infirmaries, and in London and other Hospitals. If extended in the Poor Law Service, it would have the additional advantage of allowing to the Superintendent Nurse what may legitimately (it is submitted) be conceded to her, viz., a voice in the selection of the Probationers who are to serve under her.

See, *e.g.*,
Gibson, 1899.

76. The Committee think that the substance of paragraph 75 might be embodied in a Memorandum to be sent to Guardians desirous of appointing Probationers and that the appointment of proper persons as Probationers might then be left to the Guardians, the Board merely approving of the total number of Probationers to be employed at the particular Workhouse Infirmary, and of a general scale of salary for them. This procedure is already in force in several of the larger Infirmaries, and the Committee consider that it might safely be generally adopted, thus relieving the Department of a considerable amount of routine work, and at the same time impressing upon the Local Authorities their responsibility in the matter.

* Except in a few Institutions under Special Orders.

PART III. (b).

THE TRAINING OF PROBATIONERS AND THE ACQUISITION OF QUALIFICATIONS AS NURSE AND SUPERINTENDENT NURSE.

77. At present there are two checks upon a Board of Guardians desirous of training and employing Probationers in their Workhouse Infirmary.

78. The first check is imposed by Article III. (3) of the Nursing Order of 1897, which makes it essential that, if the proposed training is intended to qualify for the post of Superintendent Nurse, the Workhouse Infirmary must have a Resident Medical Officer and be a "Training School for Nurses," of which term, however, there is no strict definition.

This Article also practically makes it incumbent on the training schools to which it refers, to provide a three years' course of training.

The effectiveness of this check is shown by the considerable difficulty which exists in some cases in supplying with Probationers, Workhouse Infirmaries which are not recognised training schools under the Article. The control which the Article exercises over the training of Probationers in the Poor Law Service may also be gauged by comparing the number of Probationers trained in recognised training schools with those trained in Infirmaries which are not so recognised. From this comparison it would seem probable that the Article exercises a check over nearly 80 per cent. of the total number of Probationers in the Poor Law Services.*

Atkinson, 1237.
Brown, 2971,
2991.
Stone, 3328.

79. The second check is imposed by Articles 153 and 172 of the General Consolidated Order, 1847, under which, whether the training is or is not intended to qualify for the office of Superintendent Nurse, the Board require their sanction to be obtained to the appointment and salary of each individual Probationer†. These Articles place it in the Board's power to decline altogether to sanction the appointment of a Probationer, should they not consider that the circumstances of the particular Infirmary warrant Probationers being trained there.

Where the circumstances justify the Board in allowing the training of Probationers the Articles also provide a salutary check upon the employment of an excessive proportion of Probationers.

80. The Committee have been much gratified by the testimony of witnesses to the high class of training given in the larger recognised Training Schools for Nurses. The excellence of this training seems to be generally admitted, and there is no doubt that the possession of a full certificate from such a School is a valuable professional equipment for any Nurse.

Raw, 2550, 2601.
Rhodes, 1612.
Tillotson, 1021.
Wilson, 61.
Vulliamy, 1655
Gibson, 1894.

81. The standard of training adopted by the Nursing Order of 1897 seems, therefore, to have been fully justified by the event.

On the other hand the rigid insistence on the definition of a recognised Training School implied by the Order has probably

(a) Made the maintenance of a supply of Probationers difficult for many really good existing training schools, where there is no resident Medical Officer. See paragraph 78.

(b) Deterred from attempting to train Probationers many Infirmaries, where a sound training for the ordinary qualified Nurse could probably be given.

* The number of Probationers in Recognised Training Schools in August 1902 was 1,973. (See Appendix V. and VII). According to the Board's records, the number of Probationers in non-Training Schools was only 408.

† Except in certain Unions under special Orders.

82. In view of these considerations and of the desirability of an increase in the number of Probationers shown in Part II. (a) of the Report, the Committee are of the opinion that a case has been made out for increasing in some way the facilities for training Probationers.

83. While conceding this point it is well, however, to emphasise the fact that there has been no breakdown of the existing machinery for training Probationers, inasmuch as it has been shown to be capable of annually turning out a supply of Nurses numerically sufficient to supply all the vacancies for Nurses in the Poor Law Service. There is therefore no need either for a reckless abandonment, or for a costly reconstruction of the existing system. For while on the one hand it has apparently been thought that all Unions might be allowed to train Probationers, on the other hand it has been urged that Unions should combine for the purpose of establishing throughout the country great Central Training Schools for Nurses.

Humphreys, 3057
et passim.
Wilson, 64, 122.

The Committee venture to think that the wisdom of the first of these schemes is refuted by the experience in Ireland, where the experiment of allowing all Workhouses to train Probationers resulted in conspicuous failure to provide a supply of qualified Nurses.

Sir H. Robinson,
3126 *et seq.*

As to the second, the Committee consider that, under existing conditions, such a scheme is hardly practical, even if it were necessary.

84. The advantages of establishing large central Infirmaries to receive the sick from several Unions might be arguable if a system of relief for the sick-poor were being devised *ab initio*; but to graft such a system upon the existing system of Poor Law Relief would involve—

(a) A violation of the natural sentiment of the poor in favour of being nursed during sickness in the neighbourhood of their own homes.

Humphreys, 3024.

(b) A large, and at present uncalculated, additional expenditure out of rates upon new buildings.

(c) A great waste in the disuse of existing buildings.

85. Even if these difficulties were disregarded, there would still remain the necessity for providing in the Workhouse nursing accommodation for—

(1) The merely infirm and aged who are inmates of the sick wards because of the extra care they receive there, but who are not sufficiently ill to justify their removal to a Hospital.

(2) Inmates temporarily on the sick list.

(3) Inmates who might fall seriously ill in the Workhouse, so that they could not safely be removed.

86. The Committee do not therefore consider the "Central Infirmary" system as a necessary or adequate solution of the nursing difficulty. The only concessions they are disposed to make in the direction of recommending the combination of Unions for Nursing purposes is that—

(1) In a few cases it might be found possible, as at present, for the Guardians of one Union to arrange for some of their sick to be nursed in the conveniently adjacent infirmary of another Union.

(2) When Unions in a County or other district desire to voluntarily co-operate with a view to establishing a joint system of training, examining, and providing Nurses for the district, such co-operation should, as far as possible, be encouraged by the Board. In this connection the Committee would draw especial attention to the scheme of the Yorkshire Nursing Board, the particulars of which will be found in Appendix XXVII.

87. While declining, therefore, either to unduly relax or unduly restrict the existing conditions under which an Infirmary or Workhouse may be

recognised as a Training School for Nurses, the Committee put forward the following scheme for increasing the facilities for the training of Probationers.

88. The Committee recommend that for the future the training of Probationers in Poor Law Institutions should be allowed by the Board in two classes of training schools, to be called respectively Major and Minor Training Schools.

89. The essentials of an Infirmary recognised as a Major Training School should be—

I. A Medical Officer, resident at, or devoting his whole time to the Infirmary.

II. A Superintendent Nurse or the Matron of an Infirmary under separate administration from the Workhouse.

III. A three years' course of progressive training which complies with a general plan to be laid down by the Local Government Board.

IV. No formal certificate of training to be given by the Training School except upon the following conditions :

(a) Three * years' training.

(b) A successful examination (practical and theoretical) by two independent examiners, one of whom should be the Matron or Superintendent Nurse of a recognised Training School.

(c) A certificate of good conduct and proficiency, signed by the Superintendent Nurse of the Workhouse or by the Matron of the Separate Infirmary† and by the Medical Officer, and countersigned by the Chairman of the Board of Guardians.

90. The essentials of a Workhouse or Workhouse Infirmary recognised as a Minor Training School should be—

1. A Superintendent Nurse of the Workhouse or a Matron of the Separate Infirmary.† ,

2. A Medical Officer who engages to devote some of his time to instructing Probationers by lecture or otherwise.

3. Systematic instruction of the Probationers by the Superintendent Nurse or Medical Officer, which complies with a general plan to be laid down by the Local Government Board.

4. No formal certificate of training to be given by the Training School except upon the following conditions :

(a) At least one year's training ; (b) A certificate of good conduct and proficiency from the Superintendent Nurse, countersigned by the Chairman of the Board of Guardians ; (c) A certificate by the Medical Officer attached to the Infirmary, that he considers the Probationer qualified to undertake the ordinary duties of a Nurse.

91. The Committee further recommend that a Probationer who has undergone at least one year's training at, and obtained the formal certificate of a Minor Training School should be considered and called a "Qualified Nurse," and should be recognised by the Board as a proper person to fill any post in the Nursing Service to which she may be appointed by Guardians where the supervision of a Trained Nurse is available.

* This condition would be waived in cases under paragraph 94 (2).

† *i.e.*, Infirmary under separate administration from the Workhouse.

(¹) See evidence
Broadwood and
Hobhouse.

Qualified Nurses who wish to become Superintendent Nurses might obtain the additional qualification necessary by proceeding as indicated in paragraph 94 (2). Such Nurses would also be available for District Nursing or as Cottage Nurses under the Holt-Ockley (¹) or similar systems.

92. A Probationer who has undergone a full three years' training at, and obtained the formal certificate of a Major Training School should be considered and called a "Trained Nurse." A Trained Nurse should be recognised by the Board as a proper person to fill any post in the Nursing Service to which she may be appointed by Guardians other than the post of Superintendent Nurse.

93. A Probationer while undergoing her training at a Major Training School should be allowed, if so appointed by the Guardians, to act as Qualified Nurse, provided she has completed at least one year of her training, and has been certified as proficient by the Superintendent Nurse and Medical Officer.

94. With a view to assisting the supply of Probationers at Minor Training Schools, the Committee recommend—

See, *c.g.*, Lee, 908.

(1) That Major Training Schools should undertake, as a general rule, not to accept Probationers for training for a less period than three years. This would have the effect of sending entirely to the Minor Training Schools the Probationer who either is not willing at the outset to engage herself for so long a period as three years, or else does not wish to enter the higher ranks of the nursing profession.

(2) An exception should be made to (1) in the case of a Qualified Nurse, who has become such in virtue of a formal certificate from a Minor Training School, and has, in addition, had one year's service as Qualified Nurse (at a Minor Training School). Such a Qualified Nurse should be allowed to obtain a Formal Certificate as a Trained Nurse provided she serves at least 18 months at a Major Training School, and can pass the examination and show the certificate mentioned in paragraph 89, IV. (b) and (c).

The Committee think, however, that an arrangement of this kind must mainly depend upon local co-operation between Unions on lines such as those indicated by the Yorkshire Nursing Board.*

See Gibson, 1928.
Wilson, 93, 421,
432.
Tillotson, 1009.

95. Before leaving the question of the Training of Probationers the Committee wish to pass a few remarks upon a suggestion, which was made to them by various witnesses, to the effect that Probationers should be bound down to serve the Guardians as Nurses for a period of years immediately subsequent to the expiry of their service as Probationers. The object of this suggestion was apparently to increase the supply of Workhouse Nurses by preventing, at any rate for a time, the exodus of Probationers from the Poor Law Service on the completion of their training. But a guarantee by the Probationer to remain in the Poor Law Service as a Nurse at the end of her probationership appears to involve, as a corollary, a guarantee that at the end of her probationership she shall be found a post as Nurse. The difficulty of the Committee is that they do not see who is in a position to give this guarantee. The Guardians cannot give it, inasmuch as the vacancies for Nurses in their own Workhouse are limited in number and uncertain in occurrence, while, over the vacancies in Workhouses other than their own, the Guardians have no control whatever. On the other hand neither the Local Government Board nor the State can give the guarantee of employment, seeing that the appointment of Nurses, in accordance with the principles of local government, vests in the Guardians, whose servants, and not the State's, the Nurses are.

Moreover, even if Probationers could be induced to bind themselves to give the Guardians the refusal of their services as Nurse at the end of their

* See Index to Evidence under "Yorkshire Nursing Board." Also Appendix XXVII.

probationership, the chances that the occurrence of vacancies for them will synchronise with the termination of their training are so remote, that the Committee do not think it would be just to force such a one-sided engagement upon Probationers.

Finally, it has been recommended in Part II. (a) of the Report that the number of Probationers should be increased, and the Committee cannot therefore lend any support to a proposal which would, in two ways, tend to diminish the number of Probationers.

For it is clear that if Probationers at the end of their training remained on in their Training School, even though no vacancies there in the office of Nurse should have occurred, they would soon usurp both the accommodation and the work intended for Probationers in that Training School, and its efficiency as a School for Nurses would gradually be diminished, if not entirely extinguished.

It is also certain that the condition of being bound to remain in the Poor Law Service would divert from that Service the large number of Probationers who, as shown in Part II. (a), enter merely for the purpose of acquiring an excellent training as a Nurse.

For these reasons therefore the Committee confine themselves to the conditions of training for Probationers specified in paragraphs 89 to 94.

96. When the full three years' training of the Probationer has been completed, and she has become a Trained Nurse, the Committee do not feel it right that she should be allowed to go straight to the top of the nursing profession without having had any experience in service as a Trained Nurse. Indeed there is evidence to show that from a lack of such experience Superintendent Nurses may often be lacking in administrative capacity. ⁽¹⁾

(1) Fulcher, 2281.
Gibson, 1829,
1951.
White, 2216.

With a view therefore to giving the would-be Superintendent Nurse experience in administration, the Committee recommend that a Trained Nurse shall not be eligible for the post of Superintendent Nurse until she has served for at least a year as a Trained Nurse or in some equivalent position.

Finally, the Committee consider that every Superintendent Nurse should be required to hold a Midwifery Certificate recognised by the Board of Midwives.

cf. Rhodes, 1600.
Marquardt, 2111.
Broadwood, 3751,
3771.
Hobhouse, 3821.
Baldwyn Fleming,
3700.

97. To sum up, the complete scheme which the Committee submit as necessary alike for the proper training and qualification of Probationers and Superintendent Nurses, is as follows :—

Four well-defined grades in the Nursing service, viz. :

1. *Probationers*, trained either in Major or Minor Training Schools, with qualifications—(a) minimum age, 21; (b) intelligence; (c) good character and health.

2. *Qualified Nurses*. Qualification, one year's training in, and the formal Certificate of a Minor Training School, or alternatively an equivalent Certificate from a non-Poor Law Institution.

3. *Trained Nurses*. Qualification, three years' training in, and the formal Certificate of a Major Training School, or alternatively an equivalent Certificate from a non-Poor Law Institution.

4. *Superintendent Nurses*. Qualifications—

(a) Certificate as Trained Nurse.

(b) One year's service as Trained Nurse or as a non-Poor Law Nurse of equivalent rank.

(c) Midwifery Qualification recognised by the Board of Midwives.

The Committee trust that this scheme, with the widened opportunities for training and preferment which it offers, will, in conjunction with the recom-

mendations in Part II., increase both the attractiveness of the Poor Law Nursing Service and the number of Nurses annually available to enter it. In this way the existing difficulty in obtaining a supply of Nurses should gradually be removed.

98. In conclusion of this part of the subject, the Committee would wish to add that they have not omitted to consider the question as to whether Poor Law Nursing appointments should be reserved solely for those Nurses trained in the Poor Law Service. There are, however, obvious advantages to be obtained by the infusion into the Poor Law Service of the experience gained by Nurses from other branches of the Nursing profession. It would also hardly be possible to in fact restrict in the way desired the discretion of the Guardians in selecting Nurses for appointment. Candidates from the Poor Law Service might not be available, or if available might not be so well qualified as the candidates who have not been in the Poor Law Service. The competition of Nurses trained outside the Service must, in addition, prove a healthy stimulus towards maintaining the standard of training and capacity of the Poor Law trained Nurses.

In these circumstances the Committee cannot recommend that any steps should be taken towards narrowing the avenues of entry into the Poor Law Nursing Service.

PART IV.

“Whether any, and, if so, what provisions should be made for defining more strictly the respective duties of the Master or Matron of the Workhouse and of the Superintendent Nurse.”

99. In dealing with this part of their Inquiry the Committee have been impressed with the conviction of the necessarily transitory nature of much of the friction which has undoubtedly occurred in many Workhouses upon the appointment of a Superintendent Nurse under the Order of 1897. Under that Order a number of Boards of Guardians throughout the country became obliged to appoint, and Masters and Matrons to accept, a new Officer in the Workhouse. The status of this Officer, as indicated both by the duties and the tenure of office prescribed for her, was apparently intended to be a high one. Her specific functions were to “superintend and control,” and these have been in many quarters interpreted to be her sole functions. In position she was on a level with the Master and Matron in so far as the Guardians could not dismiss her without the Board’s consent, although the Guardians could not, as in the case of those officers, suspend her from her duties for misconduct. Yet at the same time the exercise of her authority was to a large and not altogether certain extent “subject to the directions” of the Master or Matron. cf. Davy, 3249.

In such a situation any Master or Matron, who resented the creation of the new office, could clearly find ample opportunities for increasing the difficulties which the new officer would naturally encounter in settling down into her position. On the other hand a Superintendent Nurse (especially where her specific duties may hardly have been sufficient to occupy her) might very conceivably have been more impressed with the necessity of emphasising the dignity rather than the utility of her office. cf. Wilson, 469. See paragraph 68.

100. The Committee are therefore especially glad to record the considerable proportion of witnesses who have testified to the absence of administrative difficulties in connection with the appointment of Superintendent Nurse. It seems clear that there has been in many quarters a loyal and successful effort to meet the natural difficulties attendant upon the appointment of a new officer such as the Superintendent Nurse, and the Committee consider it proved that Art. IV. of the Nursing Order, which defines the position and functions of a Superintendent Nurse, may be made a complete success by the exercise of consideration and tact on the part of all concerned. See, e.g., Adcock, 2854. Lee, 905. Richmond, 2221. Vulliamy, 1646. Sanderecock, 2240. White, 2165, 2171, 2182. See especially the evidence from Epsom Union.

101. Such consideration and tact will, it is obvious, become more common as a new generation of officers grows up, to whom the appointment of a Superintendent Nurse will no longer be an innovation. Masters and Matrons and Nurses themselves will become more accustomed to the uses and the limitations of the office of Superintendent Nurse, and the administrative machinery in connection with the office will tend to work more smoothly. In other words, a large amount of the existing friction will disappear by the natural adaptation of the Superintendent Nurse and the Poor Law Service to one another.

102. But in the meantime, although it is true that no scheme of duties can prevent difficulties arising from incompatibility of temperament among the officers concerned, yet the existing duties of the Master and Matron, prescribed as they were to meet the conditions of the Poor Law Service in

the year 1847, do undoubtedly offer some opportunities for a conflict of jurisdiction with the Superintendent Nurses which, in the light of the experience gained since 1897, may now perhaps be avoided.

The Committee therefore think that a revision of the duties of the Master and Matron, in so far as they relate to the Infirmary and Sick wards, might very appreciably hasten the disappearance of the present trouble.

103. The possible conflicts of jurisdiction under the existing system may conveniently be arranged under three headings according as they arise in connection with (1) Patients, (2) Employés, and (3) Buildings and Furniture of the Infirmary or Sick Wards.

PART IV. (a).

Possible Conflicts of Jurisdiction as regards Patients.

104. The jurisdiction of the Master over male patients in the Sick Wards* may be roughly sketched as follows :—He is responsible for causing them to be conveyed to the sick ward after they have been examined by the Medical Officer on admission to the Workhouse.⁽¹⁾ He can enforce order, punctuality, and cleanliness in their habits and conduct when in the Sick Wards.⁽²⁾ Articles 91 and 208 (2). When they are partially disabled during convalescence or otherwise, he it is who technically has the right to decide the nature and extent of the employment they may be put to.⁽³⁾ Article 208 (3). He can superintend their feeding,⁽⁴⁾ Article 208 (6). inspect their night-clothes and their day-clothes,⁽⁵⁾ Article 208 (8). send them to bed at a fixed time, and put out their fires and their lights, “except so far as may be necessary for the sick.”⁽⁶⁾ Article 208 (12). It is the Master who has “to take care that” the patients receive proper medical and “other” attendance, and that they are given the prescribed medicines, necessaries and diet.⁽⁷⁾ Article 208 (10). In other words, he is responsible for the proper nursing of patients whether they be only slightly ill or dying.⁽⁸⁾ Article 208 (14). The Matron has similar powers with regard to female patients.⁽⁹⁾ Article 210. In addition she is specifically charged with the “care of.....the sick paupers,” she is to furnish them “with such changes of linen as may be necessary,” to see that their linen, stockings, and bedding are kept clean, and to provide them with the proper diet. She may superintend the washing of their persons and their clothes, and, finally, she assists the Master in the general management of the Workhouse, so that in his absence or with his concurrence she is his deputy. Article 210 (7) and (11) and (12). Article 210 (13).

105. In contrast to this incessant and ubiquitous responsibility for, and control over the sick, which technically vest in the Master and Matron, the Superintendent Nurse has no specific authority or duties at all in connection with the sick, except such as devolve upon her indirectly.

Under the Order of 1897 the duty of the Superintending Nurse is to “superintend and control the other nurses and assistant nurses in the performance of their duties,” subject in all matters of the treatment of the sick to the directions of the Medical Officer, and in all other matters to the directions of the Master or Matron. It would therefore seem that the existing duties of the Superintendent Nurses are confined to superintending and controlling the nurses, and cases have actually been brought to the notice of the Committee where Superintendent Nurses have successfully insisted on their right not to be compelled to perform actual nursing duties in connection with the sick. Such cases amply explain the hesitation of the Board in 1897 to transfer the supreme responsibility for the welfare of the sick poor to a new class of officer, whose merit and competence were alike, at that date, untried. Article IV. (1).

106. On the other hand, in many cases a Superintendent Nurse will naturally be inclined to consider that she should be directly responsible for the care and welfare of the patients, and will resent the fact that under the existing regulations it is the Master and Matron who are in fact so responsible.

Hence, even the most prudent exercise by the Master and Matron of their prescribed duties in connection with the sick might often result in considerable friction with the Superintendent Nurse.

107. In these circumstances, and in view of the high qualifications proposed in Part III. for a Superintendent Nurse, the Committee consider

* Throughout the succeeding paragraphs “Sick Wards” is intended to include Workhouse Infirmarys not under separate administration from the Workhouse.

that the time has now come when she should be made the officer primarily responsible to the Guardians under the Medical Officer for the care and welfare of the sick.

While, therefore, retaining to the Master his full authority and general responsibility as Officer in charge of the Workhouse, the Committee recommend that, where there is a duly qualified Superintendent Nurse, the Master should be relieved of all specific duties in connection with the sick in the Sick Wards, and that full and definite responsibility in respect of these duties should be imposed upon the Superintendent Nurse.

See Fleming, 3709.
Gibson, 1840.
Hawes, 714.
Kett, 661.
Rhodes, 1513, 1553.
Wilson, 442, 445.
Tillotson, 990, 1174.

108. On this principle the right (though not the duty) of entry into the Sick Wards should be preserved to the Master, and it should be made a definite duty of the Superintendent Nurse to summon the Master (or in his absence the Matron) to the Sick Wards, either upon the request of an inmate of the Sick Wards, or upon any emergency involving the safety of any part of the Workhouse or its inmates. Furthermore, it should be understood to be part of the duty of the Superintendent Nurse to report to and consult the Master in any difficulty which may arise.

109. When the Master traverses the Sick Wards, and at all other times, it should be distinctly recognised as within his rights as head of the Workhouse to report to the Visiting Committee, or to the Medical Officer, any neglect of duty on the part of the Superintendent Nurse which may come to his notice.

As exceptions to the principle of paragraph 107, the Master should retain the duty (upon request from the Superintendent Nurse or otherwise) of sending for the Medical Officer and for the relatives of a dying pauper, or for a Minister of Religion, inasmuch as the control of messengers, telephones, &c., should properly remain under the Master as Head of the Workhouse.

Article 208 (14).

110. As regards stores, food, &c., for the Sick Wards, the Master's responsibility should end with their delivery to the Superintendent Nurse, and the latter should be held accountable for them after they have been delivered to her.

See, *e.g.*,
Hawes, 7144, 737.

111. In a similar way the Matron should be relieved of all specific duties as regards the sick, other than those of supplying (1) the cooked food and (2) clean linen and clothes for the Sick Wards. And as regards the linen and clothes, the Superintendent Nurse should be provided with a surplus stock over and above the daily needs of the Sick Wards, and should be held responsible for that stock.

See, *e.g.*,
Kett, 663, as to difficulties in supply of linen to Infirmary.
See Marquardt, 2148.
Moore, 2805.
Raw, 2567.
Rhodes, 1556.
Wilson, 456, 442, 465.
Tillotson, 991.

The Committee do not propose that, except as the representative of the Master or upon the request of a female patient, the Matron should have any duties necessitating her entry into the Sick Wards, unless it should be necessary to traverse them in order to pass from one part of the Workhouse premises to another.

See Holland, 3079, 3100, 3111.

The Guardians should, however, have the power to direct the Matron to visit the Sick Wards for any special purpose.

Rhodes, 1514, 1554.

112. The conflicts of jurisdiction in respect of the employés in Sick Wards may conveniently be considered under a sub-division according as they relate (1) to the nurses, and (2) to the servants and paupers employed as servants.

Preston Thomas, 3638, 3642.
Wilson, 500.
Tillotson, 987.
Sir H. Robinson, 3141.

PART IV. (*b*).*Possible Conflicts of Jurisdiction as regards the Nurses.*

113. The position of the Master and Matron with regard to the Nurses is as follows:—Under Art. 208 (3) of the General Consolidated Order, the Master is to enforce order, punctuality, and cleanliness, and the observance of all regulations for the government of the Workhouse upon the officers, assistants, and servants therein.

It is obvious that this Article may be interpreted to give him a power of general superintendence over the Nurses in the performance of their duties in the Sick Wards, and indeed Art. 208 (29) would specifically empower him to report to the Guardians any negligence or other misconduct on their part.

The jurisdiction of the Matron over the Nurses is confined to reporting their negligence or misconduct to the Master* and to such general disciplinary power as she may possess as the Master's deputy under Art. 210 (13).

114. The duties of the Superintendent Nurse with regard to the Nurses, and indeed her sole specified duties, are to superintend and control the Nurses in the performance of their duties. See paragraph 105.

Hence the scope of the duties of the Superintendent Nurse is coincident with, and limited to, the scope of the duties of the Nurse, and in order to understand the extent of the duties of the Superintendent Nurse it becomes necessary to set out what are the duties of the Nurse.

115. The duties of the Nurse are derived from three sources :

First, under the General Consolidated Order, 1847, Art. 213, she is to nurse the sick in the sick and lying-in wards, to inform the Medical Officer of any defects in those wards, and to keep a light at night in the sick-ward.

Second, under Art. 154 of the same Order the Guardians of any Union may require the Nurse to perform any duties conformable with the nature of her office.

Third, under Art. IV. (3) of the Dietaries Order, 1900, the Nurse must, in the absence of the Medical Officer, requisition the Master for any provisions or stimulants urgently required for a sick inmate in her charge, and subsequently submit the counterfoil of such requisition for the approval of the Medical Officer.

116. It will be seen from this summary that (except where the Guardians may have imposed exceptional duties under Art. 154) the duties of the Nurse are practically confined to duties in the Sick Wards.† Consequently the duties of the Superintendent Nurse (*i.e.*, her superintendence and control of the Nurses) are strictly speaking also confined to the Sick Wards, and it therefore follows that while the Master and Matron have jurisdiction over the Nurse both within and without the Sick Wards, the Superintendent Nurse has only jurisdiction over her while she is in the Sick Wards, and even there her jurisdiction is, to an undefined degree, "subject to the directions of the Master and Matron."‡

117. There is some reason for thinking that this limited and partial jurisdiction of the Superintendent Nurse over her Nurses may make the maintenance of a proper spirit of discipline and respect towards herself in the Sick Wards a very difficult matter. Unless the Master and Matron are tactful, Nurses will be inclined to continually appeal against decisions of the

* Art. 210 (15). General Consolidated Order, 1847.

† This term here of course includes the "lying-in wards."

‡ Art IV. (1) of Nursing Order, 1897.

Superintendent Nurse ; disputes will arise on such appeals, and a general atmosphere of suspicion and discontent be created in the Workhouse and Sick Wards.

118. The Committee, therefore, recommend that wherever there is a duly appointed Superintendent Nurse, full and specific control over the Nurses, their discipline both on and off duty, and their work should be given to her. The Matron should have no control over the Nurses except where the Guardians decide to confer such control in connection with the Nurses' quarters and the cooking of their food.

119. The Master, while maintaining his position and general responsibility as head of the Workhouse, should no longer be primarily required to enforce order, cleanliness, and punctuality upon the Nurses. This, in the first instance, should become a function of the Superintendent Nurse. The Master should retain his right of reporting to the Guardians any neglect or misconduct on the part of the Nurses which he may observe ; but he should exercise this right with discretion and should be careful under ordinary circumstances to first communicate with the Superintendent Nurse.

120. The granting of leave to the Nurses, subject to regulations to be settled by the Guardians, should be in the hands of the Superintendent Nurse, but the Master should be notified of the fact that a Nurse is going on leave, of the period of her proposed absence, and of her address whilst absent.

PART IV. (c).

Possible Conflicts of Jurisdiction as regards the Paid and Pauper Servants in the Sick Wards.

121. As regards paid scrubbers and servants in the Sick Wards, the Master and Matron have a jurisdiction similar to that which they have over the Nurses.

As regards paupers (other than inmates of the Sick Wards) employed on housework or otherwise in the Sick Wards, the jurisdiction of the Master and Matron is the same as that which they have over pauper inmates not in the Sick Wards; that is to say, the pauper servants in the Sick Wards are in the absolute control of the Master and Matron, subject to the regulations of the General Consolidated Order as to the treatment and discipline of paupers.

The Superintendent Nurse, on the contrary, has no jurisdiction whatever over the paid and pauper servants in the Sick Wards.

122. The Committee consider that the interests of the Sick Wards on the one hand, and of the Workhouse as a whole on the other, require the existence of a dual control over the paid and pauper servants in question. When not in the Sick Wards they should remain, as at present, under the jurisdiction of the Master and Matron; but while in the Sick Wards they should be under the control of the Superintendent Nurse. Any insubordination or neglect, or inefficiency on the part of servants in the Sick Wards, should be at once reported by the Superintendent Nurse to the Master, and dealt with by him in the same way in which similar offences outside the Sick Wards would be dealt with.

123. The arrangements for the supply and hours of attendance of servants in the Sick Wards should be arranged by the Master and Matron in conjunction with the Superintendent Nurse, subject of course to the control and directions of the Visiting Committee and the Guardians.

PART IV. (d).

Possible Conflicts of Jurisdiction as regards the Building and Furniture of the Sick Wards.

124. The Superintendent Nurse has at present no legal jurisdiction over the exterior or interior of the buildings of which the Sick Wards are composed, nor over the furniture and fittings in those buildings. Under Article 208 (24) of the General Consolidated Order the Master is to take care that the wards, rooms, and all other offices of the Workhouse and all the utensils and furniture be kept clean and in good order. Article 209 allows him (in case of necessity on his own authority, and in other cases with the authority of the Guardians) to procure articles for the use of the Workhouse and to order alterations and repairs of the premises, and of the furniture, &c. By Article 210 (13) the Matron is also especially enjoined to assist the Master in cleansing and ventilating all parts of the premises.

The Committee are of opinion that, so far as the cleanliness and ventilation of the interior of the Sick Wards is concerned, the duties of Matron under the Articles cited should be transferred to the Superintendent Nurse, together with the duty of seeing that all furniture, fittings, and utensils in the Sick Wards are kept clean and in good order. With this exception the responsibility for the structure and good repair of the Sick Wards and their furniture should remain as at present.

PART IV. (e).

125. To sum up, the general scheme recommended by the Committee for the future government of the Sick Wards and their inmates is as follows :—

I. The Guardians as administrators acting with the advice of their Medical Officer.

II. The Medical Officer responsible for the medical care of the sick.

III. The Master as Officer in charge of the whole establishment, including the Sick Wards, with general responsibility for the condition of the Work-house premises, including the Sick Wards, and for the welfare and good conduct of all persons on these premises, also with the duty of reporting to the Guardians any neglect or misconduct on the part of any of the Work-house Officers, including the Superintendent Nurse.

IV. The Superintendent Nurse responsible to the Guardians—

(1) Through the Medical Officer for the welfare and nursing of the sick.

(2) Through the Master for the—

(a) Government and conduct of the Nurses ;

(b) Control of pauper and paid servants while in the Sick Wards ;

(c) Cleanliness and good order of the interior of the Sick Wards, and of the furniture and fittings in them ;

(d) Stores of all description entrusted to her for the use of the Sick Wards and their inmates.

V. The Matron to be responsible to the Guardians through the Master for—

(1) The cooking of food for the sick and the Nurses ;

(2) The washing of linen and clothes for the sick and the Nurses ;

(3) The mending of clothes and linen for the use of the sick.

All complaints as to (1), (2) and (3), to be made by the Superintendent Nurse to the Master, and if not settled by him to be referred to the Visiting Committee.

126. In order to carry this scheme into effect, it will apparently be necessary—

I. To transfer to the Superintendent Nurse, subject to the principle of paragraph 125 III., the duties of the Master and Matron as to—

(1) The reception, care, and control of the sick and convalescents in the Sick Wards ;

(2) The control of the Nurses ;

(3) The control of the paid and pauper servants while in the Sick Wards ;

(4) The visiting of the Sick Wards ;

(5) The cleanliness of the Sick Wards and the furniture and fittings in them ;

(6) The care and distribution of clothes, bedding, and of all stores in the Sick Wards ;

(7) The reception, service and distribution of food in the Sick Wards.

II. To reserve to the Master—

- Article 208 (14). (1) The duty of sending for Medical Officer for sick paupers and for relatives of paupers seriously ill, and also for Minister of Religion ;
- Article 208 (8). (2) The duty of seeing that the meals and food are properly supplied to the Sick Wards ;
- Article 208 (12). (3) The duty of issuing all stores, bedding, linen, and all requisites for the use of the Sick Wards, and of providing for the repair of the same, according to the requisition of the Superintendent Nurse.

Article 210 (8). III. To reserve to the Matron, with responsibility to the Master—

- Article 210 (12) (1) The superintendence of making and mending the linen and clothing for sick paupers and the washing of the linen and clothes for the same ;
- Article 210 (12) (2) The superintendence of cooking for Sick Wards and Nurses ;
- except, as regards both (1) and (2), in cases where there is a separate Laundry or Kitchen for the use of the Sick Wards.

127. In addition, the following duties should be given to the Superintendent Nurse :—

- (1) To obey such rules laid down for her by the Guardians as may be reasonable and conformable to her office.
- (2) To report in writing to the Guardians in accordance with the principles of paragraph 125 IV. (1) and (2).
- (3) To assist in the actual work of nursing patients and otherwise to perform the ordinary duties of a Nurse on an emergency, or if so required by the Guardians.
- (4) To summon the Master or Matron to the Sick Wards upon request of a patient or upon any emergency involving the safety of the Sick Wards or their inmates, and to consult and report to the Master in any difficulty.
- (5) To attend, on the request of the Master or Matron, in the Receiving Ward upon the admission of a pauper deemed to be ill, and to advise as to moving such pauper to the Sick Wards in the absence of the Medical Officer, and to provide in like manner for the nursing of any sick pauper unable to be moved to the Sick Wards.
- (6) To requisition from the Master all stores, food, bedding, and other articles for the use of the Sick Wards, and to be responsible for the same when delivered into the Sick Wards.
- (7) To report to the Master, either when the necessity arises, or when a desire is expressed by any patient for the presence in the Sick Wards of any person or persons, including ministers of religion.
- (8) To report to the Master the name of any inmate under her charge desirous of making a complaint or application to the Guardians.
- (9) To report to the Master the occurrence of any death or birth in the wards under her charge, together with all particulars necessary for the registration of the same.
- (10) When there is a Kitchen or Laundry for the separate use of the Sick Wards, to be responsible for the duties indicated in paragraph 125 V. (1) and (2).
- (11) To report to the Master any structural defects in the Sick Wards.

See Appendix II^b 128. With a view to removing what has been considered by many Boards of Guardians an anomaly in the position of the Superintendent Nurse, the Committee also recommend that the Guardians should be specifically given the same power to suspend her for misconduct, &c. which they already possess with regard to Masters, Matrons, and other Principal Officers

129. The Committee recommend that the new régime which they have outlined above should only come into operation in the case of new appointments to the office of Superintendent Nurse. The new rules should only apply to an existing Superintendent Nurse where the Guardians and the Superintendent Nurse, with the Board's consent, agree that they should apply.

130. Finally, as an additional safeguard against future friction between the Superintendent Nurse and the Master and Matron, the Guardians should be urged, wherever possible, to arrange for their Sick Wards or Infirmary to be in a building separate from the main buildings of the Workhouse.

131. Before concluding their Report the Committee wish to explain their attitude with regard to the Infirmaries (some 34 in number), which are under separate administration from the Workhouse.

Inasmuch as these Infirmaries are in law "Workhouses," they have been regarded as within the scope of the Inquiry and Report, except upon points relating to the Superintendent Nurse, which term throughout the Report has been taken to denote a Superintendent Nurse under the Nursing Order of 1897.

The Committee think that, if necessary, and as occasion arises, the Orders under which these Separate Infirmaries are regulated should be assimilated, as far as possible, to the recommendations of the Report with regard to the training, qualification, and titles of the different classes of Nurses indicated in paragraph 97.

The Inquiry has elicited that some confusion might arise if the "Separate" Infirmaries were allowed to maintain or set up nursing standards and titles different to those which obtain in other Poor Law Infirmaries, and it is obvious that there are many advantages in having a uniformity of system throughout the Poor Law Nursing service.

132. A summary of recommendations is annexed, and in conclusion the Committee desire to acknowledge the very valuable and able assistance they have received from their Secretary, Mr. Duff, both throughout the Inquiry and in the preparation of this Report.

10th November 1902.

(signed) J. GRANT LAWSON (CHAIRMAN).
W. E. KNOLLYS.
ARTHUR DOWNES.
ANDREW FULLER.

R. G. DUFF, Secretary.

SUMMARY AND INDEX.

OF

RECOMMENDATIONS OF THE COMMITTEE, CLASSIFIED UNDER HEADINGS
OF THE OFFICERS, &c., TO WHICH THEY PRINCIPALLY RELATE.

PROBATIONERS.

I. *Qualifications :*

The qualifications on appointment should be—

- (1) Minimum age of 21 ;
- (2) Good character and health ;
- (3) Intelligence ;

And if possible—

- (4) A preliminary trial period of at least six weeks or two months passed in the Sick Wards to the satisfaction of the Guardians.

Paragraph
75.

II. *Supply :*

An increase in the supply should be encouraged—

- (1) By increasing the facilities for training (*see* under “Training”).
- (2) By increasing the opportunities for occupation and promotion in the Poor Law Service when the training is complete ; to which end—
 - (a) Appointments of untrained persons as “Assistant Nurses” should no longer be sanctioned.
 - (b) The appointment of Matrons of Workhouses who have received training as Nurses should be encouraged.
 - (c) All Probationers should be enabled to qualify, if they desire, as Trained Nurses and Superintendent Nurses.
- (3) By increasing the attractiveness of Poor Law Nursing (*see* Recommendations under heading Nurses, “Supply:”).

Paragraphs
21 and 82.

Paragraph
27.

Paragraphs
55 (3), 63 (1),
and 72.
Paragraph
94 (2).

III. *Training :*

(1) The training of Probationers should in future be allowed in two classes of Training Schools—

- (a) *Minor Training Schools*, the essentials of which should be as detailed in paragraph 90.
- (b) *Major Training Schools*, the essentials of which should be as detailed in paragraph 89.

Paragraph
88.

IV. *Appointment :*

The Board's sanction should no longer be required to individual appointments as Probationer.

Paragraph
76.

ASSISTANT NURSES.

I. That no more appointments as “Assistant Nurses” should be sanctioned.

Paragraph
27.

NURSES.

I. *Qualifications :*

That the Board should in future recognise two classes of Nurses, viz. :—

- (1) *Qualified Nurses* holding the Certificate of a Minor Training School or an equivalent Certificate from a non-Poor Law institution, and eligible for any appointment where the supervision of a trained Nurse is available.
- (2) *Trained Nurses* holding the Certificate of a Major Training School or an equivalent Certificate from a non-Poor Law institution, and eligible for any appointment other than that of Superintendent Nurse.

Paragraphs
91 and 97.

Paragraphs
92 and 97.

II. *Supply :*

(1) That the supply should be increased by—

- (a) Increasing the number of Probationers.
- (b) Increasing the attractiveness of Poor Law Nursing by the measures detailed in paragraphs 55, 57, 58.

Paragraph
62.

(2) That in order to ensure a proper distribution of the supply of Nurses the principles detailed in paragraph 63 should be observed.

Paragraph
63.

NURSES—continued.III. *Duties :*

That the attention of Guardians should be called to their power to prescribe appropriate duties for their Nurses under Art. 154 of the General Consolidated Order, 1847. Paragraph 55 (5).

SUPERINTENDENT NURSES.I. *Qualification :*

A Superintendent Nurse should be a "Trained Nurse," with the additional qualifications of— Paragraph 96.

- (1) At least one year's service as a Trained Nurse ;
- (2) A Midwifery certificate recognised by the Board of Midwives.

II. *Supply :*

That the regulations requiring the appointment of a Superintendent Nurse should be altered as in paragraph 70. Paragraph 70.

III. *Duties :*

- (1) The duties of a Superintendent Nurse should be those detailed in paragraphs 126, 127. Paragraphs 126, 127.

MASTER OF WORKHOUSE.

The Master, while retaining his position and general responsibility as Officer in charge of the Workhouse, including the Sick Wards, should be relieved of the duties detailed in paragraph 126, wherever in future a duly qualified Superintendent Nurse is appointed. Paragraphs 126 and 129.

MATRON OF THE WORKHOUSE.I. The *Matron*, if properly trained, should be allowed to act as—

- (1) Trained Nurse in a Workhouse with not more than 60 sick beds. Paragraph 63 (1).
- (2) Superintendent Nurse in a Workhouse with not more than 100 sick beds. In each case she should be assisted by a proper staff of Nurses, and by an Assistant Matron when necessary. Paragraph 72.

II. The Matron should be relieved of the specific duties detailed in paragraph 126, wherever in future a duly qualified Superintendent Nurse is appointed. Paragraphs 126 and 129.

GUARDIANS

- I. Should be given power to appoint individual Probationers without the Board's sanction. Paragraph 76.
- II. Should be urged to adopt the principles and recommendations in paragraphs 55, 57, 58, 63, and 75. Paragraphs 59, 63, and 76.
- III. Should be given power to prescribe appropriate duties for a Superintendent Nurse. Paragraph 127 (1).
- IV. Should be given power to suspend a Superintendent Nurse. Paragraph 128.
- V. Should be urged, when possible, to separate Sick Wards from main building of Workhouse. Paragraph 130.

GENERAL.

- I. That the basis of the grant to Guardians under Section 26 (1) of the Local Government Act 1885 should be revised so as to enable the State to contribute more directly to the cost of the Poor Law Nursing Service. Paragraphs 60 and 61.
 - II. That the grant, so far as Nurses are concerned, should only be paid in respect of Nurses whose qualifications and appointments are in accordance with the Local Government Board's requirements.
-

MINUTES OF EVIDENCE

TAKEN BEFORE THE

DEPARTMENTAL COMMITTEE

APPOINTED BY THE

PRESIDENT OF THE LOCAL GOVERNMENT BOARD

TO ENQUIRE INTO THE

NURSING OF THE SICK POOR IN WORKHOUSES;

TOGETHER WITH

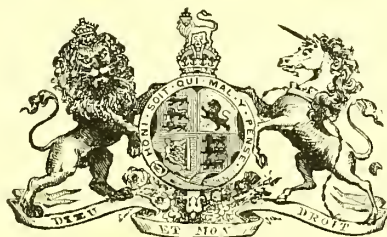
APPENDIX

AND

INDEX TO EVIDENCE.

PART II.

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1902.

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EVIDENCE

TAKEN BEFORE THE

DEPARTMENTAL COMMITTEE

ON THE

NURSING OF THE SICK POOR IN WORKHOUSES.

Mrs. BONHAM CARTER, called; and Examined.

1. (*Mr. Grant Lawson.*) You are Mrs. Bonham Carter, are you not?—Yes, I am the wife of Mr. Henry Carter, who has been connected with the Nightingale Training Schools. My whole knowledge of training comes from that.

2. You are officially connected with the Workhouse Infirmary Nursing Association, are you not?—I am one of the Council of the Workhouse Infirmary Nursing Association. Before entering upon the inquiries which you have been so good as to submit to us, I wish to be allowed to say a few words on the subject of training. My husband's connection with the Nightingale Nurse-training Schools at St. Thomas's Hospital and St. Marylebone Infirmary having afforded me some special knowledge upon this subject. I have also known a good deal about Paddington Infirmary. We lived in Paddington, and I visited there, and we found great difficulty in supplying nurses even for that Infirmary. It is an excellent Infirmary, and the matron objected for a long time to take probationers, but they have been almost forced to it, because they cannot get nurses even for this excellent Infirmary, which is managed as well as an infirmary can be. Well, they have begun to train nurses just for their own use. I think they have six. The arrangements are very good. They do not find any difficulty in getting probationers, the difficulty, no doubt, will come when the three years to which they are bound will be over, when the probationers will probably pass in other nursing, private or otherwise. My connection has been with the Marylebone Infirmary. When my husband first started that he hoped to make it a training school for other infirmaries; but, in fact, all the nurses are used in the Institute itself: he is very much disappointed that he has not been able to help there with other infirmaries. They go into private nursing or into district nursing at the end of their three years, and, therefore, the waste is so great that practically no nurses are forthcoming

for other institutions. It would seem to be superfluous to point out that training as applied to nurses, does not simply mean the experience (if any) which may be acquired by being employed for a longer or shorter period in hospital wards as assistant nurses, picking up such knowledge as their degree of intelligence or ignorance may help them to, unaided by any proper educational organisation. That is the old condition of things, which however, still, it is feared, largely prevails when one becomes aware of the fact that there is scarcely a hospital or Poor Law infirmary which does not invite applications from candidates to be admitted as probationers, and hold out the prospect of the grant of certificates of proficiency. Hence the importance is forced upon one of having some practicable means of selecting those institutions which are provided with a suitable organisation for training, and this is a task which is not without many difficulties. It would be out of place at this stage of the inquiry to enter upon the consideration of the conditions essential for a sound system of training. I would only say that it must be such as will provide for the moral as well as the technical qualifications of the nurse, and that effective tests of those qualities are to be found more in the character of the supervision and education, than in the result of paper examinations. The training hospital itself, moreover, must afford a sufficient variety in the nature of the cases. I venture to think that some means will have to be found other than by laying down regulations in order to solve this question of selection, possibly by the appointment of a permanent inspecting officer with the training and experience of a matron or female superintendent of a hospital.

Our honorary secretary, Miss Wilson, will now, with your permission, take up *seriatim* the several points of inquiry. Miss Wilson will now go into details on these various points.

Miss WILSON, called; and Examined.

3. (*Mr. Grant Lawson.*) Are you officially connected with the Workhouse Infirmary Nursing Association?—Yes, I was honorary assistant secretary from 1879 to 1882 under Miss Louisa Twining, then honorary secretary from 1882 to 1897, and since then treasurer.

4. You have held an official position in the Association ever since 1879?—Yes.

5. You will be able to give us evidence upon certain points under the various heads of our inquiry. Perhaps you will begin by telling us what the experience of the Association has been as to the question of the difficulty in obtaining nurses?—The actual facts as regards the difficulties?

6. As to the fact that there is a difficulty in the opinion of your Association?—In the early work of our

Association we experienced very little difficulty in obtaining nurses. We had a very fair number of applicants, though not perhaps a large number. But although gradual, the decrease in the supply of nurses has been very marked—it appeared to me to set in about the year 1895, and since then it has become more difficult every year.

7. Since 1895? Have you anything in your mind as to why this falling-off occurred?—I think the demand for nurses in other branches of nursing work became greater then. I think the demand for nurses for district work and private work increased very much about this time. When we first began our work the pay of private nurses was very small to start with, and they were glad to come to us for workhouse appointments. Such nurses now receive £2 2s. a week, whereas for-

Miss Wilson.

merly they lived in institutions and worked for a fixed salary of about £25 a year. They were very pleased to go into workhouse nursing, and often made excellent nurses; some are still working for our Association. Also district nursing has increased very much—since about 1890—and employs a large number of nurses—a great many go into that. Colonial nursing has also been making large demands, and no doubt absorbs a large supply that used to come to us. In fact, the openings were very much smaller than at present. For instance, in one year—1895—we were applied to for nurses to the extent of 199, and we were not able to supply half that number. We had a very insufficient supply of nurses during that year, and this fact was very discouraging to Boards of Guardians, for they felt they could get nurses from us able to do their work. Probationers we had no difficulty in getting at the beginning, but our largest supply of trained nurses came from those who were engaged in private nursing work. Also nurses trained at the large infirmaries, such as Brownlow Hill, Crumpsall Infirmary, Manchester, etc., at the end of their training had then very little choice of work, and they very frequently preferred to go on at the infirmary in which they had trained, or to come to us for infirmary posts.

8. Even then, I suppose you had as many applicants as people to dispose of in those days?—We had more applicants than we could supply. It was only in the quite early years that we were able comfortably to supply the demand. The demand was very much smaller then—we have created it to some extent amongst Guardians. The difficulties of supply became very great. We tried in every direction, but found it impossible to obtain a sufficient supply. We were obliged then to advertise very largely for nurses; there were many nurses who left our work, did not like workhouse nursing, and disliked the conditions altogether. The whole conditions of nursing are absolutely and entirely altered, and the more trained nurses have gone into workhouse nursing the more they have disseminated the fact that it is very unlike hospital work, and therefore it attracts fewer nurses. They found the work uncongenial for various reasons, and that fact has helped to lessen the supply. It was very little known at the beginning what workhouse nursing was like—the various drawbacks that are connected with it were not so well known.

9. (*Mr. Grant Lawson.*) Do you propose to go into the drawbacks?—That is under another heading, is it not? I think I ought to mention as one of the reasons, not only that the whole conditions have changed, but that the salaries are smaller than in other branches of nursing, though they have distinctly risen in the last 10 or 15 years. Since the Nursing Order the salaries have been distinctly raised.

10. (*Mr. Knollys.*) Do you say the supply has decreased but that the salaries have increased?—Yes.

11. Then the salary is not the cause of the supply decreasing?—No, the salary has been increased in order to induce nurses to take posts.

12. Do you consider the salaries inadequate?—No, not for the requirements that are necessary; but the supply of nurses is certainly decreasing annually.

13. You think it is not so much a question of salary?—No, salaries are not the most important point.

14. (*Mr. Grant Lawson.*) Have you anything further to say as to that point?—On the supply question? Well, I do not know whether the other suggestion I have to make comes under this head. Mrs. Bonham Carter has told us of one infirmary that loses its best nurses at the end of their training. In our early experience the best nurses stayed for their three years' training in the large infirmaries, and accepted the position of charge nurses in smaller infirmaries, say, at a salary of £30 a year without uniform; they were generally valuable nurses, and worked very well indeed; they were thoroughly acquainted with their work and well qualified. It is now a most exceptional thing for nurses to have three years' training and to continue in Poor Law work. They give it up to go most largely into private nursing, also into district nursing, and a good deal into colonial nursing.

15. Why do you suppose they changed?—They will not take the least attractive work.

16. Would you say that private nurses' salaries have risen quite as rapidly?—More rapidly, because nurses work largely on the co-operative principle, so that only

a very small proportion of their salaries goes in working expenses. They generally receive two guineas a week, and only about 7½ per cent. of this goes for working expenses.

17. Do you propose to make any suggestion as to how to restore the old order of things when they stuck to Poor Law work?—First of all, I think the conditions of employment in workhouses and infirmaries should be improved; that the nurses should be given a more distinct status, as they are in other branches of nursing; their duties should be more clearly defined, and the relative positions of nurses and masters and matrons should be much more distinctly defined. A pension scheme might with great advantage be formed to attract women to remain in Poor Law service. If a pension was more easily obtainable it would attract many nurses to remain in Poor Law service, who at present find the conditions too harassing for their strength.

18. There is, as you know, a power to obtain a pension under the Poor Law Officers Act?—I know the Act very well, the Poor Law Officers' Superannuation Act. I was very much interested in it, because the pension question has always been a very difficult one during my connection with Poor Law officers. It was always very difficult for a nurse to obtain a pension; in the old days she had to work far too long for her own strength and the good of her patients before she retired, and it is more difficult now. A large number of nurses contract out of the Act—very wisely, I think, because the Bill, although an excellent one for clerks, masters and matrons, and so on, is very hard on a nurse; she has to have a certificate that she is mentally or bodily unfit for service, or she cannot obtain a pension before the age of 60, and that is too long to go on nursing efficiently. There is another difficulty. Guardians often strongly object to employ a nurse over 40 years of age, because they think that they will probably have to pay her a pension. Under this Act, of course, it comes upon the Guardians—it applies to all officers—but a man may be quite fit for the duties of a master, or a woman for those of a matron, at 60 years of age, but I think a nurse is not strong enough for the active duties of her post much beyond 50, and if she is forced to retire before 60, and a portion of her salary has been taken away up to the time of retirement, it is hard upon her to have to sacrifice this.

19. You consider the present arrangements for pensions are wholly unsuitable for the position of nurse?—Absolutely and entirely.

20. Anything further on No. 1?—I think a pension fund would be a great encouragement for nurses to remain. I think a separation of infirmaries wherever possible from workhouse management would also attract nurses very much indeed to the service. At present they are so much under workhouse control that it is often very difficult for hospital nurses to work satisfactorily with the master and matron—they do not always appreciate their services. I may also say that if a Poor Law nursing service could be created, it would be the greatest boon possible. The question of money is the chief difficulty in that matter. Apart from this, however, I think a great many smaller encouragements might do a great deal to retain nurses. The classification of workhouse patients, for instance. The patients are frequently unclassified in ordinary medium-sized infirmaries, and this makes the work of the nurse very difficult. Of course, structural defects have a great deal to do with this drawback, and they cannot always be remedied; but it certainly makes the work very much harder; there are so many senile patients mixed with others who are ill; they are very disturbing, those who are not in their right minds are very disturbing and difficult. When one nurse is in charge of a large number of patients at night, she often has great trouble with people not in their right minds, who disturb others and yet cannot get proper attention.

21. (*Dr. Fuller.*) Do you suggest that there should be a regulation as to this, because at present it rests entirely with the medical officer?—Yes, it does. I know some medical officers classify more than others, but where this is not done it does add very much to the difficulty of the work. I have known a great number of nurses, and very many of them have said to me that they could not do their duty properly because of these senile and feeble-minded cases, who, as you know, often will not stay in bed. A nurse has often to leave a dangerous case and go out of the ward to attend to one of these troublesome old people.

22. (*Mr. Grant Lawson.*) That is the difficulty, and the question is now, can these difficulties be met. Can we now proceed to the question of training of probationers or have you anything further to say on this? Perhaps the other members of the Committee would like to put some questions to the witness?

23. (*Mr. Knollys.*) Have you any evidence that the same difficulty arises in town workhouses as in country workhouses? Did you find that applicants would go to the large town workhouses, but did not care to go to country workhouses?—They are more willing certainly to go to larger workhouses.

24. But do they refuse to go to the country workhouses?—We have not been supplying nurses for the last two years, but we know from Guardians that it is practically impossible to get nurses in country workhouses.

25. But the difficulty is not so great in town workhouses?—I will tell you about the Bristol Board of Guardians.

26. I want to take the matter generally. Is the difficulty general, or should you think it applies only to country workhouses?—The difficulty is general.

27. Is it as great in the town as the country?—Not so great in the town as the country.

28. But still you had difficulty in supplying town workhouses as well as the country?—It was never so great; the rural workhouses were a great difficulty.

29. But should you say there was difficulty in towns?—It would depend upon the conditions. If the number of patients in charge was too large, or if there were other objections, such as sharing rooms, etc., it would be very difficult to get nurses.

30. But there was always a sufficient supply if the conditions were satisfactory and suitable?—Yes, I should say there was a sufficient supply of nurses; not always of the highest class—but a sufficient supply.

31. Therefore if the conditions were suitable the difficulty would apply to country workhouses but not to town?—More generally to country workhouses. I cannot speak more definitely, because I think one must take the conditions of each workhouse.

32. But suppose all things were satisfactory, did you ever find that there were circumstances which would induce a nurse to say "I won't go to that workhouse"?—Yes; take the case of St. George-in-the-East, which we supplied for many years; there were often difficulties of supply there, because of the situation.

33. That was a special difficulty. But given the conditions as being quite good, there was no trouble in getting nurses?—No, practically there was no difficulty at that time if the conditions were quite good.

34. Do you find any difference between workhouses with a separate infirmary and workhouses with the infirmary in the main building?—Yes, you see two kinds of infirmaries require two different classes of nurses. The separate infirmaries require an ordinary nurse for £25 a year, and that was quite easy to obtain; they were trained for that class of work. The non-separate workhouses wanted as a rule another type of nurse, with midwifery training; we had that type, but in a less number. If the infirmaries were separate from the workhouses it would not be so difficult.

35. Do nurses show a preference for certain workhouses? Do they refuse to go to one when they would go to others?—Distinctly a preference. A bad reputation would make them not wish to go to a certain workhouse.

36. Have you had any complaints from nurses as to the food given in workhouses?—Very frequently.

37. And as to cooking?—Very frequently.

38. And as to service?—Very often.

39. And as to number of patients?—Yes, often.

40. And as to want of vacation?—Yes, the holiday is often very short, and the time off duty limited and uncertain.

41. And as to their being obliged to do menial work?—They have often said that they had to do menial work, and they have complained of having to leave their nursing work often for menial work, and that this makes it impossible for them to do their nursing properly. They have been asked to perform many duties—such as receiving female tramps and bathing the same, which would take them from their wards.

42. And you have had a difficulty in supplying nurses to workhouses, although the nurses have been there?—We have often had nurses refuse country posts one after another.

43. You have had the nurses, but they were not willing to go?—Yes, but you have not summed up all the difficulties.

44. Do they complain as to the character of the cases?—I do not think so, if a nurse has been trained to infirmary work she knows what it will be like.

45. Do they complain as to the want of surgical cases?—When the other conditions are good they do not mind that so much.

46. Have they complained that workhouse nursing is very dull and monotonous?—Of course there are a large number of chronic cases, but I think that if a nurse has been well trained she has learnt that such cases require quite as high a standard of nursing as the more acute cases.

47. You do not think that that has added to the difficulty of obtaining nurses?—It is one of the objections, one of the difficulties, but not by any means one of the most prominent. I think there should be sufficient nurses to meet that difficulty, but of course hospital nurses object more than infirmary nurses to chronic cases—they find the work more monotonous.

48. But do not all nurses wish to qualify themselves for hospital work. You draw a distinction between these two classes. Do you propose to make two classes?—I should be sorry to do so. I think that if a service of Poor Law nurses was created it would attract a slightly different type of women.

49. Do they complain of the want of society, or of the lack of opportunity to extend their knowledge?—When there has been only one nurse in a country workhouse she has complained of being very lonely; they often complain that there is no one to associate with. As to the opportunity of attending nursing lectures, or anything of that sort, that is quite hopeless; they would never think of complaining of such drawbacks in country posts, because they knew before they went they would be in a quiet place.

50. Have they complained much of the number of cases they had to attend to?—Yes, they have complained of the large number.

51. Have you ever formed an opinion as to the number they ought to attend to?—My opinion is quite in accordance with Dr. Downes' memorandum—10 to 15 cases.

52. Therefore, if there were 30 cases in an infirmary you think there should be two nurses?—Yes, the night duty suffers if there are not two.

53. Do you think the confinement is greater than in hospitals?—Certainly, much greater.

54. They get more going out in hospitals?—Yes, much more.

55. You think if regulation hours could be kept in workhouses it would help?—Yes, it would help them very much to have a fixed time off duty. It is very difficult to arrange, but I think it can be arranged. It is very important for the nurses' health, and for the good of the patients.

56. You think it is one of the reasons?—Yes, it is one of the reasons. Nurses know that in country workhouses their time off is very limited. I have known nurses not out for a fortnight—not able to go beyond the wards at all.

57. Have you formed any idea as to the rate of pay which they ought to have?—I think the rate of pay which is offered to superintendent nurses is very fair indeed. They never begin at a lower salary than £30, often £35, and in large places £40. I think it is fair.

58. Now as to ordinary nurses. I know a case in which Guardians advertised for a nurse at £25 a year, rising £1 annually, to £30. They could not get them. They then raised the pay to £23, rising by £2 annually, to £32, and they have got a nurse?—Do you know if these nurses remained? Because our experience is that a higher salary attracts nurses to begin with, but they do not remain, unless the conditions are bettered.

59. I cannot speak as to that. Do they complain of not being able to visit their friends or not being able to have their friends to see them?—Those complaints are very infrequent indeed. There are cases certainly, but not very often.

Miss Wilson.

60. Have you ever considered whether it would be better to have an untrained woman in the smaller country workhouses for ordinary cases, and then obtain a nurse through a training institution for special cases?—That is one of Mr. Baldwyn Fleming's suggestions, is it not? That in difficult cases nurses should be obtained from some central institute. It is very often necessary to do it, when the nurse in charge cannot undertake the work.

61. It seems impossible to get a trained nurse to stay in many country workhouses. If you got a good respectable untrained country woman, and then allowed the master to get in a trained nurse for any special cases, do you think that would be better?—I think a good respectable country woman would allow bedsores to come. She would not understand how to prevent such things. I think wherever there are sick people there should be skilled nurses.

62. But in a workhouse of twenty or thirty inmates it is impossible to get a trained nurse?—I may give you the case of a workhouse, where there were seventeen beds; that is one of the smallest we supplied, and our plan was to leave the nurses there for twelve months only, and then send them somewhere else. Thus we kept up a supply of properly trained nurses for many years.

63. But there are cases in which the number is less even than seventeen?—Of course; but those cases have not come before us. They seldom applied to us for a nurse.

64. It would be impossible to get a trained nurse where the number was only seventeen or so?—Some plan of centralising these small unions should certainly be adopted, there is nothing else to be done, is there?

65. I could not quite understand about the nurses trained at Brownlow and Crumpsall, and those places, refusing to stay because there was very little choice of work when their probationary period was over?—They leave because there is a large field for them to choose from. With a good certificate from Brownlow Hill, Crumpsall, etc., they could get anything they want; all branches of nursing work are practically open to them. I think they prefer a change of work. The certificate is very attractive, because it enables them to get this change.

66. (*Dr. Downes.*) On the question of a pension scheme, I understand you would prefer that the superannuation scheme should be retained, but that it should be reformed?—Yes, the present pension scheme does not meet the case—it never will do so.

67. Have you any suggestion to make on this point?—The nurse should be able to obtain her pension at an age which she can fix herself according to her strength and constitution. This is the case already in the Royal National Pension Fund, under which a nurse can obtain a pension at any age she likes; if she wishes to obtain her pension at the age of 55, she pays a larger contribution than if she wished to obtain it at 60, but she, herself, fixes the age at which she shall receive it.

68. You would have the Poor Law nurses' pension assimilated to the Royal Pension Fund then?—I should certainly; many great hospitals now pay their contributions to that fund. Guy's Hospital, for instance, gives its nurses a pension in this way.

69. It is called the Royal National Pension Fund, is it not? Does not that already meet the case?—Well, many nurses have policies in that Fund, but they are often obliged to give them up because they cannot afford to continue paying in, and they are not of course in any way helped by the Guardians or the Local Government Board with their contributions. I know one nurse who had a salary of £25, and she paid £20 annually into the fund, but she was exceptionally thrifty to do so.

70. Is there any other point with regard to pensions besides the retiring age?—I think a pension would have a great effect in attracting women to the work of Poor Law nursing, especially those who are not exceptionally brilliant in passing examinations, and yet who are very fit and capable for Poor Law nursing. It would certainly tend to attract women if they were assured of a pension at the end of their work.

71. You have not gone into the financial side of the question?—No, except that I am interested in the way in which the hospitals meet this question. I do not know whether Guardians would be willing to do any-

thing of this kind whilst nurses can have a pension under the present Act.

72. It might be interesting to hear how these hospitals arrange their pension contributions.

73. (*Mr. Grant Lawson.*) Perhaps Miss Wilson could send us a statement as to the arrangements made by the hospitals with regard to their contributions?—Yes, I could quite easily do that. I will do so with pleasure.

74. (*Dr. Downes.*) There is one other point—you said that we had not gone into all the difficulties. Have we covered them all now, or are there any you wish to add?—There are some, I think, but perhaps they would come rather under the second question—it is really in regard to the assistant nurses that a great many difficulties arise; that is one of the drawbacks undoubtedly.

75. Are there any additional difficulties under Head I. that you would like to mention now?—Yes, unless that also comes under another heading—that there is no official standard of any kind as regards training—this is a drawback. Nurses do not know what nursing help they will receive, what assistance they will get in their work. There are a great many trained nurses in Poor Law work, and nurses are afraid that their work will be made harder by this untrained help.

76. What do you mean by "official standard of training"?—At present many nurses are not trained at all, and a superintendent nurse knows that her work will be very arduous and responsible on account of her assistants being entirely untrained.

77. You mean that there is no standard for the ordinary nurse at all?—Precisely.

78. Have you any suggestion to make on that point—as to a standard for subordinate nurses?—Yes, but I have put that under the head of training.

79. We shall come to that later on, I think. Have you anything to say about the quarters assigned to nurses—the accommodation given to them at the different classes of workhouses?—It is very defective in the country workhouses, we very often have complaints about this. Nurses often have very uncomfortable rooms. A frequent drawback to a night nurse is that her room is near the wards where there are imbeciles, and her rest is very much disturbed by that.

80. (*Mr. Grant Lawson.*) You did mention incidentally that they were asked to share rooms. Do they make a complaint of that?—Yes, they do not like it, and it is very seldom asked in a hospital now. They like a separate room, and I think where the accommodation is satisfactory it is a great attraction to a nurse; where they have a comfortable bedroom and sitting-room they feel they can settle down.

81. (*Mr. Grant Lawson.*) You spoke of the proximity of lunatic wards being a drawback. Have you had any complaints of lunatic wards being near to sick wards?—Yes, we have had complaints. At Poole there are a large number of imbeciles and lunatics—that is one case where it has been a difficulty.

82. (*Dr. Downes.*) And any complaints as to the attendance on lunatics?—I have had them, but not very often. Very few have made objections to attending in emergency—only a very indifferent nurse would refuse to attend to them in such a case.

83. I do not mean in emergency, I mean attendance on lunatics as part of the general routine?—It has very seldom been exacted; sometimes the night nurse has been required to attend on lunatics; very often the nurse has to supervise by night, but not by day. In many cases there is a male nurse for the male lunatics in the daytime, but he is in bed, and the night nurse is expected to go round and supervise all wards.

84. (*Mr. Knollys.*) This happens only in the small workhouses?—It was the case at Poole, where three nurses were employed.

85. They were not sick?—Oh, no.

86. (*Dr. Downes.*) You have once or twice mentioned the question of a service for Poor Law nurses, you have not given any details of that?—I did not think you would want them.

87. Will you tell us what is in your mind about this?—I had in my mind that it could be approximated to the Army Nursing Service, with certain conditions and certain encouragements which would attract a better class of women. It would certainly be a very great improvement. I think we drew the attention of Mr.

Knollys and yourself to this about 1896; at that time we were told that the question of money was a great difficulty, and, of course, such a scheme would mean a grant from the Treasury. But it seems to me that while the Poor Law is so unattractive in many respects there must be some other plan tried, to bring in a larger number of candidates. There would be in Government service a good deal to attract, there would be settled service and a definite term of engagement for all nurses that would keep them in the service; they would have to be engaged and trained and placed in their work.

88. I think you must recognise that there is an essential difference between Army and Poor Law service?—I do feel that the Boards of Guardians form a great difficulty.

89. Have you any idea how that could be got over?—Well, of course, the Guardians have now really learned that nurses must be better treated, and they are much more anxious than they were to improve the condition of their nurses. I think they are altogether in a better temper for improvements, and they look to the Local Government Board to set them a standard. I think they are much more wishful to improve now than they were.

90. (*Mr. Knollys.*) But the difficulty is that these nurses are not the servants of the Local Government Board, therefore the Local Government Board could not guarantee them employment?—That would not be a very great difficulty, as things are at present at any rate. Could not that be managed by a coalition of Guardians and officials of the Local Government Board—could they not come to terms on that point?

91. We could not say to the guardians: "Here are a certain number of persons; you must employ them"?—Might it not be done as in the case of the Colonial Office and the Colonial Nursing Association? They supply a large number of nurses to the colonies. When the Colonial Office want nurses they send to the Colonial Nursing Association to find those nurses for them, arrange all the appointments, etc. The Association keeps a register in which it puts down those nurses who are suitable, and when a nurse is wanted the Colonial Office communicates with the Association and obtains the nurse from them.

92. I think the Guardians would be very willing to accept nurses sent to them properly trained and with proper character. I think our experience as an association shows this: we were seldom able to supply more than half the nurses we were asked for, and we had no official status whatever; we were simply a voluntary association. Surely the Local Government Board would have very much greater influence if it put itself on the side of properly trained women of good character.

93. (*Dr. Downes.*) But whose servant would the nurse be? The servant of the Local Government Board or of the Guardians?—I suppose she would be the servant of the Guardians, but she would be bound by an agreement with the Local Government Board at the same time. She would be bound to work in the service of the Poor Law for a certain number of years, and pass into the service of individual Boards of Guardians, who would have to comply with certain conditions that might be definitely laid down, and if they—the Guardians—did not comply, they would have no nurse. The Scotch system is somewhat the same as what I propose.

(*Mr. Grant Lawson.*) We have a witness coming from the Scotch Office.

94. (*Dr. Downes.*) If the nurse was the servant of the Guardians I do not quite see how the similarity to the Army Service is to be maintained. The Army Service is one corps, and the nurse is the servant of the War Office, but I think you admit here that the nurse is to be the servant of the Guardians, and so they could not form a corps?—It is very difficult to say. You say it is impossible for her to be engaged and placed in a certain post by the Local Government Board?

95. I asked you first of all whose servant she was to be, and you said, "The servant of the Guardians"?—But surely the Local Government Board could exercise some supervision over her training and placing her—at any rate, give the Guardians the sort of servant they ought to employ?

96. (*Mr. Grant Lawson.*) Could we compel the Guardians to like her when they had got her?—No, one never can do that.

97. We might have one that had that unfortunate temper which could not work with the Guardians?—She would have to be removed.

98. But suppose no Board of Guardians would employ *Miss Wilson*. her; we should then have her on our hands?—I think that is a very improbable case.

99. (*Mr. Knollys.*) But if there were such a case she would be on our hands?—Yes, of course she would be bound to the Poor Law service.

100. And we might be unable to find her a post?—Is not that very unlikely? It seems so to me, with this enormous demand for trained nurses, and with our knowledge of Poor Law service.

101. We could not train these people without guaranteeing their employment?—I think you would have to guarantee them employment.

102. We have no funds out of which to pay them?—That is another matter; the question of funds I am not prepared to go into at all.

103. (*Dr. Fuller.*) To continue that subject, *Miss Wilson*, I should think the registration of nurses would answer the same purpose as your scheme?—What would that imply?

104. That there should be a register kept by the Local Government Board of nurses, a copy of which they would supply to Guardians on application?—It would simply be a register?

105. Yes, that is all?—I do not think there would be any nurses on your register.

106. You said that, as a rule, nurses trained in the best infirmaries left infirmary nursing at the end of their period of training, and went into district or private nursing? Did you not find that they came back?—Very rarely—a few did, but very few.

107. You made a suggestion that workhouse infirmaries should be separate from workhouse administration. Did you mean to distinguish them as regards size, or in what way?—I think they should be separated when there is a certain number of beds.

108. There are a large number of infirmaries which are part of the main building of the workhouse?—Yes, I know, they cannot be separated at present.

109. You said that nurses were much more willing to stay in workhouse infirmaries where the buildings were separate. Did you mean that the buildings only were separate or separate administration?—Oh, separate administration—not under the control of the workhouse master or matron at all.

110. Are you speaking of London only, or of the provinces as well?—I am speaking of all the large separate infirmaries, or even the smaller where the buildings are quite separate from the workhouse.

111. There is another point. You say that the decrease in the supply commenced in 1895—do you think the issue of *Dr. Downes'* Circular of 1892 tended to produce that decrease?—No, I think it was because other branches of nursing were opening up—more attractive branches—I do not at all think the Circular had that effect.

112. Then, as regards the proportion of nurses to patients—you said one to ten you regarded as ideal. Did you refer then to the total number employed by night and day?—Yes.

113. Would you think that a ward of 30 patients was more than sufficient for one nurse to look after, supposing half of them to be chronic?—No, I think she can undertake that—in the daytime—if she is thoroughly trained and efficient.

114. (*Mr. Knollys.*) You think she ought not to have any night work?—Certainly, no night work; she must get her rest if she is to give her best energies to the work and do it properly.

115. (*Dr. Fuller.*) You spoke about trained nurses not caring for the supervision of lunatics at night-time?—They particularly object to supervising male lunatics in small workhouses, but the female lunatics also cause a great deal of trouble—they require so much attention.

116. Take a place like Barnsley, with modern buildings, where the lunatics are in separate wards in the infirmary, would there be any objection there?—There would probably be a better supply of nurses there. The objections have been made mostly in small unions, where there is one charge nurse on duty. The nurse is not trained in the care of lunatic cases, and it is rather hard to expect her to take lunatic work.

117. Have you thought out the question of appointing trained nurses as matrons in workhouses where there

Miss Wilson. are so few patients that the employment of trained nurses as nurses is impossible?—It would be a very great advantage.

118. Have you any information that there are a great many workhouses now where there are trained matrons?—There are very few indeed. A few of our own nurses have married workhouse masters, and are matrons of small workhouses.

119. I have made a note of two districts, and I find that in one there are 13 trained nurses acting as matrons and 15 in the other district?—Is that a very large proportion?

120. Thirteen unions out of 44—and these are fully trained nurses?—Of course, there are many matrons who have a little experience of the sick, but who are not trained.

121. In one particular union the matron was trained in a general hospital, and had a long service as fully trained nurse before she became the wife of the master, and in this particular case there has been continued friction since the appointment of a superintendent nurse. Have you any suggestions to offer as to that?—It is owing to incompatibility of temper I should think, and perhaps the duties are not very clearly defined. Perhaps the matron is given a good deal of authority in the sick wards, and the superintendent nurse considers herself the head of the sick wards.

122. You suggest centralising the sick in the case of the small rural workhouses?—I think it would be a great advantage if they could be taken to the larger infirmaries to be properly nursed.

123. Would your suggestion imply building, or would you take one rural workhouse and use it for all the sick within a certain area?—I think building is a very difficult question. I consider for the present where there are few sick, they might well be sent to the larger town workhouses. This is done in several unions now—the Guardians pay for the sick to be sent to a larger union, and they are nursed and looked after; it seems to answer very well indeed.

124. (*Mr. Knollys.*) Can you quote the name of any union where this is done?—I am sorry I cannot quote the name. It is a small union near Brentwood, and the Guardians send their sick to Brentwood.

125. (*Mr. Grant Lawson.*) There is one general question. Do you consider the difficulty to be a scarcity of nurses in general, or a scarcity of nurses who will accept posts under the Poor Law?—I think there is at present a scarcity of nurses in general, and that that reacts a good deal on workhouse nursing.

126. You think there is a scarcity of nurses?—Yes, there is.

127. Is that owing to the war, do you think?—To some extent, certainly—a large number have been taken from the nursing ranks very rapidly.

128. Do you think this has affected the supply of workhouse nurses?—No, that has been a steady decrease.

129. Shall we now proceed to No. 12?—In this connection I should like to say that progressive as the Nursing Order was in many respects, it did one thing which was rather a misfortune—it created the class of assistant nurse; that has been a great drawback to infirmary nursing, because the assistant does the actual nursing to a large extent, not the superintendent nurse. Assistant nurses are often untrained, and do the nursing, although the superintendent may be over them. The present system encourages a number of young women to go into the work who cannot get training; they go in and experiment on the sick, and they are not being properly trained for any work. I should be glad to see the class of assistant nurses abolished. I do not see why they should exist in infirmaries—they do not exist in hospitals. I mean there should be only three classes—superintendent nurses, nurses and probationers. A large amount of the actual nursing work is done by the assistants under the Order.

130. (*Mr. Knollys.*) But they are called “assistant nurses”?—Yes, they have been since the issue of the Order. Art. II. of the Order says, “No person shall be appointed by the Guardians to the office of nurse or assistant nurse in the workhouse without having had such practical experience in nursing as may render him or her a fit and proper person to hold such office:

“Provided that this Article shall not apply in the

case of a female assistant nurse in a workhouse where there is a superintendent nurse as required by Article III. of this Order.”

131. As a matter of fact, do you find that there is in workhouses a class of nurses called assistant nurses?—Yes, there is a large class of assistant nurses.

132. But are they styled assistant nurses?—Yes, the Order admits them as a class. They are advertised for as assistant nurses, and they work as assistant nurses, but they are not nurses as a rule.

133. But does not the Order require that assistant nurses shall have practical experience in nursing?—They should be called nurses, and in that case they would not be appointed untrained.

134. (*Mr. Grant Lawson.*) You want the whole class of assistant nurses abolished?—Yes, entirely.

135. Then as to the question of the training of probationers. I suppose probationers should take the place of assistant nurses?—There should be the superintendent nurse, under her should be trained nurses, not untrained as assistant nurses are, and there might be probationers according to the size of the infirmary.

136. If there were no probationers there would be no untrained persons at all?—No, the superintendent nurse should be responsible for the organisation of the whole place, and should only help in the actual nursing when necessary—the routine work, the daily care of the patients, should be properly done by the nurses themselves. I have heard of a case in which the superintendent nurse complained that an assistant nurse was appointed who was quite unable to make a poultice or take a temperature, and yet she had charge of 100 cases at night! These assistant nurses are not really doing the work properly.

137. Now as to the regulations regarding probationers?—Some time ago our Committee were doubtful as to whether it would be possible to have two grades of nurses, one with three years' training as laid down in the Order, and also another class that should have had a shorter training, say two years. They came to the conclusion that it would be a great drawback to have two grades of nurses, therefore, as a committee, we feel very strongly that all nurses should have a full training of three years.

138. In a place where there is a resident medical officer?—That is a point on which perhaps there might be an alteration of the law, by requiring that there should be a certain number of beds, say 250, even though there might be no resident medical officer, and sanctioning training in infirmaries which had this number of beds. We think that no training should be encouraged that would not qualify a probationer to become a superintendent in time. Probationers are now taken at very small workhouses with very few opportunities for the training that will fit them for being superintendents, and a very indifferent class are being attracted to the work, because they know they can never rise high in it.

139. Your committee decided that there should be one class?—Yes, there should be only one class of nurses; they thought it might be an advantage if the nurses had one year in a very large infirmary and two years in one perhaps not quite so large. Of course we quite see that to make the standard in one institution three years of training for all, would make the difficulty of obtaining nurses greater than ever.

140. (*Mr. Knollys.*) Would you then wish to have it made a condition that there should be a certain number of beds instead of a resident medical officer?—Yes, precisely, because there are so few training schools at present that have a resident medical officer. Of course we would prefer that there should be a resident medical officer, but, seeing that this is the case in so few infirmaries, we think it would be better to state as a requirement a certain number of beds.

141. But are there not comparatively few workhouses which have this number of beds?—There are a good many where there is no resident medical officer now which nevertheless have 250 beds. Reading has been passed as a training school, there is no medical officer there.

142. It was said that the Board would give a favourable consideration to applications to relax their rules?—I have not seen it in that official language. I have only seen it in the nursing papers.

143. (*Dr. Fuller.*) The Reading Guardians were permitted to make an exception in the case of nurses trained there; if their certificates are signed by the

Royal Berkshire Hospital authorities as well as by the Chairman and Clerk to the Guardians, they are also endorsed by the Local Government Board, certifying that this certificate qualifies for the post of superintendent. But the Board's permission to continue this arrangement is a purely tentative one, and subject to conditions and to the certificate being signed by the hospital authorities.

144. (*Mr. Knollys.*) You cannot quite say that "they have been passed by the Board as a training school"?—That is the popular view—if a probationer goes there she knows she will be recognised by the Local Government Board.

145. Do you think if the rules were relaxed that the daily attendance of the medical officer should be substituted for the resident medical officer, or that the medical officer should give his whole time without residing?—It would be a great advantage to have some alteration made. Of course the daily attendance might be very short, too short to be of much assistance to nurses.

146. You think the medical officer should give his whole time. But would you recognise daily attendance?—It would be better than making no condition about the medical officer. It is a very difficult question of course.

147. But you think if the medical officer gives his whole time, it will secure the best chance of training?—Yes, I think he would be more likely to give attention to it.

148. How do you define a "training school"?—I should fix the proportion of patients to each nurse, for one point. At present there is no proportion fixed.

149. The only requirement is that there shall be a resident medical officer?—It might be added to the Order "in a recognised training school for nurses." In fact, I think that Article II., Clause 2, might run thus: "Provided that nothing in the Article shall be held to forbid the training of female probationary nurses in a workhouse which is a recognised training school."

150. How do you propose that the definition of a training school shall be enlarged?—It might be enlarged in different ways. The number of beds might be specified. I think that the condition about beds is very important—certainly it should not be less than £50.

151. (*Dr. Downes.*) Is there any recognised standard in the nursing world of a training school for nurses?—There really is not unfortunately—no official standard. Everyone knows what is not a training school, but it is hard to define what is.

152. Is there any recognised standard of what is a system of training?—That is, I think, more easily defined than a training school.

153. Can you give us some recognised points in the system?—Training embraces lectures, theoretical as well as practical teaching, a nurses' home—binding for a certain number of years under certain conditions—with examinations at the end of each year, and a final examination; all these it would be necessary to have in any system of training; also there should be only trained nurses employed.

154. Those are cardinal points in a training school?—Yes.

155. By whom would you have the examinations conducted?—The final examination should certainly be by some outside authority not by the authorities of the training school.

156. Is there any standard of examination recognised in any way?—No, every school has its own standard. Some are more difficult than others.

Mr. MALCOLM MACNEILL, C.B., and Mr. ROBERT B. BARCLAY, called; and Examined.

161. (*Chairman.*) Your name is Mr. Malcolm MacNeill, is it not?—Yes.

162. And you are Vice-President of the Local Government Board for Scotland, are you not?—Yes.

163. What is Mr. Barclay?—He is General Superintendent of the Poor and Inspecting Officer under the Public Health Act. He has also a district, and he acts as general superintendent over all the poorhouses in Scotland.

164. You inspect all the poorhouses, Mr. Barclay?—

157. (*Dr. Fuller.*) You objected to earmarking the assistant nurses in the workhouses. Would not your suggestion as regards the training of a nurse for the position of superintendent nurse earmark the woman who was trained in what may be termed the second type of school. I think that wherever a nurse is trained the training should be sufficiently good to enable her to become a superintendent. How do you propose to ensure that a workhouse infirmary with 250 beds would be up to that standard?—I think in Article II. might be added, after the word "nursing" "at a recognised training school"; that would meet the case. In Article II., line 3, I would suggest that the words "training in a recognised training school" should be substituted for the words "such practical experience in nursing"; and the word "female" may be inserted before "nurse" to avoid any misunderstanding. The article would then read thus: "No person shall be appointed by the Guardians to the office of female nurse or assistant nurse in the workhouse without having training in nursing in a recognised training school."

158. I was thinking that the medical officer might change and the matron might change?—But would there not be the same difficulty as regards all training? As long as three years' training is received it is not so important that it should be under the same officers. We consider, for instance, that the woman who has had two years in one infirmary and one year in another might be just as efficient as one who has had three years in a large infirmary. The Nightingale Fund allowed their probationers to have one year in hospital and then two years under their supervision in an infirmary or hospital; they were not actually in one training school all the time as is practically made conditional in the case of superintendent nurses. My point is that many people are attracted to go in as assistant nurses, they cannot now be trained as superintendents, and they do very poor work. W— is now advertising for a probationer to be trained under an assistant nurse; she is to have three years' training and the usual salary. What possible work can she do at the end of her three years' training? I would also suggest that before a list of training schools is scheduled an official inspection of experts should be made of infirmaries of 250 beds and over, with the object of judging of the class of cases received, the manner of their classification, and the structural arrangement generally. I consider it desirable that a woman who has had experience in Poor Law nursing and has held the position of matron should be on such a commission.*

159. (*Mr. Grant Lawson.*) Do you propose to give us any evidence on 3 and 4?—Very little as to the superintendent nurse. I think she should be trained for the three years as laid down in the Order.

160. Then as to 4: "Duties of master and matron and superintendent nurse"?—It is a large subject, but I have not a great deal to say about it.

(*The witness then withdrew.*)

* Extract from an article in "Nursing Notes," February, 1902:—"We trust it may be found possible to appoint a sub-committee to visit and report on a few infirmaries, namely (a) large separate infirmaries, (b) those that have a separate building, but are under workhouse control, (c) sick wards in the workhouse. Much more can be learnt by the eye than by the ear, and it should be noted that there are only two medical inspectors for the whole of England. We feel convinced that the question of the supply of nurses must be dealt with as a whole, and a thorough knowledge of the present state of each of the institutions named above has an important bearing on the final satisfactory settlement."

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(*Mr. Barclay.*) All the poorhouses (*Mr. MacNeill.*) We have always found it convenient to have one officer in charge of all the poorhouses.

165. The principal Act governing the Poor Law in Scotland is the Poor Law Scotland Act, 1845, is it not?—Yes.

166. In that Act reference is made from time to time to the Board; is that the Local Government Board for Scotland?—It was the Board of Supervision in those days, and the Local Government Act transferred the powers to the new Board in 1894.

Mr. Malcolm MacNeill, C.B., and Mr. Robert B. Barclay. 167. Under that Act poorhouses are erected with the consent of the Board in various parts of Scotland, and parishes may, with the consent of the Board, frame regulations for the management thereof?—Just so; yes.

168. I notice that Section 66 provides that proper medical attendance shall be provided for the inmates of a poorhouse, and that Section 74 provides that where any poor person shall consider the relief granted to him to be inadequate he shall lodge a complaint with the Board, and the Board is required, without delay, to investigate the nature and grounds of the complaint?—Yes, that is one of the most striking differences between our Poor Law and yours.

169. Are these complaints numerous?—I can give you some figures. Last year, *i.e.*, from 31st December to 1st January, there were 93. Since the Act of 1845 was passed there have been 21,155 complaints. If you would like to have particulars as to how they were disposed of, I can give them to you:—There were dismissed on information contained in the schedule—*i.e.*, on the face of the schedule it was not a suitable application—11,852. Dismissed after being remitted for local consideration, 3,568. Refused as being made by persons not in receipt of parochial relief, in which case the application was incompetent, 802. Refused as inappropriate or incompetent, 138. Withdrawn or stopped by death, 130. Grounds of complaint removed (*i.e.*, when the local people have given way to our suggestions), 4,633. Minute issued declaring that applicant has cause of action, only 33.

170. Can you tell me how many of these complaints have been that they do not receive proper medical attendance?—I do not think in any case.

(*Mr. Barclay.*) I do not know of one.

171. In 1879 your Board issued a Circular pointing out the defects in the nursing of sick inmates?—That was in consequence of an agitation that I had been conducting in these matters for many years. The first reference is in the Report of 1875. I do not know whether you would care to see it. This is the first official reference to the defects of nursing in the Poor Law.

(*Mr. Barclay.*) Might it not be well to explain that very few complaints are from people who are in the poorhouses; they generally relate to outdoor relief.

172. The complaints are not from indoor paupers but from outdoor paupers, almost all?—(*Mr. MacNeill.*) Yes.

173. This Circular of 1879 pointed out the defects of Poor Law nursing—the non-employment of trained nurses, and the employment of untrained pauper nurses. Is that so?—That is so.

174. And you made some suggestions?—We made some suggestions. These suggestions were in consequence of a visit I paid to several English workhouses, and particularly to the London hospitals.

175. Could you put in a copy of the Circular of 1879?—The Circulars are all here. I think it would be best to put in this book, which contains all our rules. We have no Circulars loose; they are all bound up in that way.

176. I notice that amongst the suggestions in that Circular is one “that in smaller workhouses the matron should be required within a reasonable time to undergo some training in a public hospital.” Was that suggestion of 1879 largely acted upon?—I do not think in any single instance. *Mr. Barclay* tells me there was an attempt made not long ago by a matron, but she could not get into a public hospital for so short a period as three months; she omitted, however, to try a Poor Law hospital.

177. Can you tell me what proportion now are trained nurses?—I think it is given here—on page 4.

178. There are eight apparently—any others?—I think there were two others—*Galashiels* was one. I think there has been a change of officers.

179. I notice that another suggestion was that there where the daily average number of sick exceeds 60 there should be a trained head nurse; now, was that acted upon?—I think that is universally acted upon at this moment.

180. Where there are more than 60?—(*Mr. Barclay.*) Yes, I think so.

181. Then we come to the rules which your Board issued in 1860 for the management of hospitals, infirmaries and poorhouses, where a trained head nurse or lady superintendent is employed. Now, I want to ask

what is the difference between a trained head nurse and a lady superintendent? (*Mr. MacNeill.*) I think they are practically the same, are they not, *Mr. Barclay*?—(*Mr. Barclay.*) The head nurse is socially perhaps in an inferior position. Where it is not a detached hospital—where there are perhaps only two nurses under her, she would be called a head nurse. But so far as all essentials are concerned, the head nurse is in the same position as the lady superintendent.

182. What, then, may we deem to be the difference?—(*Mr. MacNeill.*) I think that in the smaller hospitals they would call her a head nurse—it is merely a difference of title.

183. I should have thought that it caused great disagreement?—They never come in contact with each other.

184. Could you put in a copy of these rules and regulations of 1880?—They are contained in that book which I have handed to *Mr. Duff*.

185. Your first rule dealt with the jurisdiction of the matron of the poorhouse within the hospital. Did that apply to hospitals which were structurally connected with the poorhouse and also to the hospitals which were separate altogether?—I think I may say that it did. The superintendent was in all cases independent of the matron.

186. Was that rule rendered necessary by the friction between the matrons and the head nurses?—Repeated friction and apprehension of more; it never would have worked well.

187. Should you say it worked now?—There is occasional trouble, but I do not think where they are kept apart we have had so much. They are both, of course, the subordinates of the governor, and we look to him to keep order.

188. In most cases the matron is the wife of the governor, is she not?—Yes, in most of the country workhouses. (*Mr. Barclay.*) In none of those cases where there is a lady superintendent is the matron the wife of the governor.

189. I see that amongst the duties of head nurse is to superintend the inmates employed in the hospital. Has she any power to grant them leave of absence?—I think she has power to grant them leave.

190. She does it herself, and not with the consent of the governor?—I should think so.

191. I notice that she is to have charge of all inmates employed in the hospital, and point out to them their duties, and report to the governor in case they do not obey?—These are the scrubbers, who come in to clean for her or assist in carrying about the patients, and so on.

192. Have you set out the “other matters” in which, although she is to be what I may call supreme under the governor, “she shall obey the regulations of the hospital and the lawful orders of the house governor”? Can you give some instances of what these other matters are?—Of course these larger hospitals frame regulations of their own, and these would be obligatory upon the nurses.

193. Yes, those are the regulations of the hospital?—Well, I should think probably this very matter of leave of absence the governor might properly look into if he thought it was being abused.

194. He could give her lawful orders on that matter?—Certainly, he is responsible.

195. Then we come to the Circular which your board issued in 1885?—That was the first real step forward.

196. In that Circular you mention some rules. What rules are these which are referred to?—The rules as to medical relief. There is a sum of £20,000 which is allotted to assist medical relief in Scotland. It is distributed by us according to a scale. The permission of the Home Secretary was obtained to setting aside enough money out of that grant to pay back to local bodies half the salaries of their trained nurses, and 3s. per week towards their keep.

197. It was taken from the £20,000?—Yes, that sum was estimated to be half of the medical relief. It is a fixed sum of £20,000 in aid of medical relief. Permission was obtained to earmark enough of this money to give to nurses before the distribution. Whatever the nurses get is so much less to the medical relief grant.

198. One of these rules referred to was that half the

salary should be repaid when the nurse was a registered nurse?—Yes, on our register.

199. Would you kindly explain what your register is?—I will put in the application form which a nurse has to fill up on applying for a post, and also the letter communicating to the nurse her appointment.

200. You put in a form of application for registration by a nurse?—Yes, that form being filled up and returned to us is the register of that nurse. We have no other.

201. I notice that the qualification for registration is two years' training in a public hospital maintaining a resident physician or house surgeon and being a training school for nurses. Does "public hospital" include an infirmary or a hospital under the Poor Law?—Yes, a great many of our nurses are trained there.

202. Have you any exact definition of what a training school is?—The definition is that they should have received proper instruction, and should have passed an examination. All our nurses are examined before they receive their certificates besides receiving clinical and other instruction during the whole time of their training—attending operations, etc.

203. Do you select certain hospitals and poorhouses which are training schools?—We should like a great many more of them to be training schools, though we are making progress in that direction. I do not mean to say that we have not helped the thing forward by private remonstrance with them. I have certainly urged them to make use of their material for instruction.

204. How many poorhouses are there in Scotland?—65.

205. And the inmates number how many?—There is accommodation for 15,467, and there were on the 31st of December last 12,542, of whom 3,564 were returned as sick.

206. The great bulk of relief at the expense of the poor rate is, I understand, outside the poorhouses?—Oh, yes; only a small proportion indoor. Our system is one of outdoor tempered by indoor—exactly the reverse of the English. Our poorhouses mainly serve two purposes, first as a test, and second for the sick.

207. You have put in a table showing the poorhouses—65—classified as regards their nursing arrangements, have you not?—Yes, it is in the memorandum I put in.

208. I notice from that statement that there are at least 15 paid nurses who do not comply with the board's requirements. Are these unregistered nurses?—Paid nurses, but not necessarily trained at all.

209. And there are 27 poorhouses out of 65 which have only pauper nurses?—Only pauper nurses, yes.

210. With 239 sick inmates?—Yes.

211. I understand that one of these poorhouses, containing 42 sick inmates, is now providing accommodation for trained nurses?—Yes, they are building a new house.

212. What is your Board doing with regard to the employment of non-registered and pauper nurses?—We can do nothing—we have no powers such as you have. Such an Order as you have issued is outside our power altogether. It has all been voluntary in Scotland—the result of remonstrances by Mr. Barclay, myself, and others, very much stimulated by the allocations of this grant to nursing.

213. You found the allocation of the grant led to many more trained nurses being employed, did you?—Oh, yes, many poorhouses came under our rules and promised to comply with our requirements.

214. Perhaps you could give us the figures of the grant?—The first year—1885—the grant was paid, the amount paid to local authorities was £263 19s. 8d., and in 1901 the amount paid was £3,100 4s. 7d. This statement may perhaps be of interest to you; this gives the date on which each poorhouse consented to come under our training scheme. As a matter of fact, there were several which before the grant was made had voluntarily taken up trained nursing, but they do not get any credit for that here.

215. You put in a table showing how many poorhouses in Scotland have accepted your rules as to trained nurses?—Just so; and the date on which each agreed to accept them.

216. That shows that a good many have not accepted the rules and regulations?—Yes.

217. Have you had many complaints about nursing by paupers?—Yes; well, I have myself had to inquire into about half a dozen. I remember two in particular. They were both disgraceful. It was proved in evidence that pauper nurses had only washed the faces and hands of their patients once a week. In another case the resident medical man, who was a very intelligent physician with now a large practice, told me he had repeatedly seen the pauper nurses when he arrived in the morning quite drunk on the stimulants which he had left out for the moribund patients over night.

218. Would a complaint that there was only pauper nursing in a poorhouse be a complaint which you could consider and decide on the ground that it was not an adequate offer of relief to the poor?—Such a case has never come before us, but I think that possibly, if it was a very glaring case, it would be considered—certainly in the old Board of Supervision days it would never have been considered.

219. If it was a case of acute distress you would consider it?—I think so.

220. What percentage of paupers in Scotland are in poorhouses, i.e., what percentage of those in receipt of relief receive it in the form of indoor relief?—11 per cent.

221. I fancy in your northern counties the percentage is smaller?—Yes, only 4 per cent. in the northern counties.

222. Have you experienced any exceptional difficulty in completing your staff of nurses?—There was difficulty two or three months back. We found one or two houses had fallen below the limits of our requirements and were in danger of losing their grant. We were told, however, that it would be better not to press them too much just now. Nurses were very scarce on account of the war—they would do their best, and it would come all right later on. We considered that this was best, as if they had lost the grant they would have had to fall back on untrained nurses. I understand that Mr. Barclay afterwards visited one of them, and found that things had come all right, and there was no need to interfere, owing to improved accommodation—the opening of a new nursing home.

223. Then your Board considered that the scarcity of nurses three or four months back was due to exceptional circumstances at the time?—Yes, it was due to these circumstances no doubt, and in one case at least to the infinitely bad accommodation where the poorhouse was an old building scattered over a very large area, and some of the hospital buildings were 200 yards at least from the nurses' quarters; they had to cross this space in all weathers, and that naturally discouraged them.

224. You are speaking of one particular case?—Yes, I may mention that advertisements have lately been put in the English papers—the "Hospital," I think—but they produced no answers. But by advertising in Scotch papers they get plenty of candidates. In short, I do not think that there is the same lack of nurses in Scotland as in England.

225. What remuneration is offered in Scotland?—Mr. Barclay made inquiries about it this week. Nurses are paid £30, £32, and £35; probationers £10, £15, £25. I think that the wages of nurses have risen in all our poorhouses now. We began by giving £25.

226. Those figures you have just quoted are in addition to board, lodging, and uniform?—Yes.

227. Are these the figures for one of your poorhouses, or are they the average?—(Mr. MacNeill.) They are the figures for the City of Glasgow.

228. (Mr. Barclay.) They may be taken as general. The increases might be somewhat different, but £30 is the usual minimum and £35 the usual maximum.

229. What about the applicants for entrance as probationers: are they numerous?—Yes, in the particular house where I made inquiries they get more applicants than they can find appointments for, and from a very good class. The lady superintendent told me that the class who were applying were decidedly improving—that they can have the pick of the best girls.

230-1. Would you say that that applied to all the poorhouses and infirmaries where they train nurses?—Yes, they now have more probationers than they have room for in the two Glasgow houses, at any rate, which are the largest training schools. In one of the Glasgow houses we have trained for an English institution; at

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the present time five of the probationers at that institution are being trained for England.

(*Mr. MacNeill.*) One resident physician in a Glasgow poorhouse told me (and he was fresh from a large public hospital) that the training they were giving there was better and more thorough, and the examination more stringent, than that given in the Glasgow Western Infirmary.

232-3. Would you say that probationers trained in this way keep to Poor Law service?—I am afraid a good many leave us.

(*Mr. Barclay.*) For some years past there has been a great increase in district nursing in Scotland, and that was found very attractive to the girls who were trained in poorhouses. They like the work better; going about, they were made more of by outside people—taken notice of by ladies connected with the Association. But I think that that will cease now. With regard to Mr. MacNeill's remark about the training in our houses, I spoke to the head medical officer of the Glasgow poorhouse this week. He considers that the training in poorhouses is superior; for one reason they have not the medical students, and the nurses have to do the whole of the work, such as bandaging, etc., in surgical operations, and things of that kind. In hospitals the students do a great deal of that work.

234. I notice, Mr. MacNeill, that you mention in your memorandum that you have had the same difficulty in obtaining trained nurses for small poorhouses as we have found in England. What has the Board done?—I myself found it very difficult, and since Mr. Barclay has taken the matter up he has found it practically impossible; they always think that the matron wants to order them about, and the matron complains that they will not do the dirty work—want a servant to wait on them, and so forth.

235. Is your board pressing the smaller poorhouses?—I do not think we have done anything in the matter—it is practically impossible. I hope we shall some day have some other arrangement.

236. I notice you have at one place only one sick person, and one person to look after that person?—(*Mr. Barclay.*) That is at Long Island. She is the matron, the wife of the governor.

237. Is she paid separately as nurse from what she is paid as matron?—She is paid so much as matron, and so much as nurse, and it is half the latter sum that they get from the grant.

238. You have some proposal before you for legislation enabling these poorhouses to be combined so as to have some central hospital to send their acute cases to?—(*Mr. MacNeill.*) It has hardly gone so far as that, but a bad case happened some few months ago, which was taken up by a lady in the neighbourhood. She has been very active in trying to devise some remedy for this state of things, and I feel sure that something must be done if we are to have these people nursed at all. We have a number of small poorhouses scattered over the country, some of them at times practically empty. I once inspected three poorhouses up in the Northern Highlands, which had only 11 inmates between them, and a staff of 13 looking after them, which was, of course, a scandal.

239. How far apart were they?—One was at Halkirk, in Caithness; another at Latheron, on the opposite side of the county; and the third close to the March of Ross and Sunderland, at Bonarbridge; two of them were on the line of railway.

240. What is the status of the governor of the poorhouse? Is he a man of position?—He is identically the same as your master. They are of exactly the same class.

241. You were speaking of this grant. Who receives the money? Is it paid direct to the nurse?—Oh, no; it is paid to the local body in respect of her salary; they may do with it what they like. I do not know if you quite understand about this grant in aid of sick nursing. Before this scheme was instituted the grant was in aid of medical relief—the salaries of medical officers and medicine; and then we took this portion of it and made sick nursing in the poorhouse a first charge upon the grant.

242. You did not get an increased sum from the Exchequer for the benefit of the sick poor?—No.

243. Does your grant of £20,000 cover half the salaries of the nurses and also half of the purposes to which it was previously put—the outdoor sick relief?—No, it

covers half the salaries of the nurses, but that is made a first charge upon it, and now it does not cover half the outdoor medical relief—last year 7s. 8^d. per £.

244. (*Mr. Knollys.*) Mr. Barclay, I see in your memorandum you say, under Section 61 of the Poor Law Act of Scotland, "two or more contiguous parishes can be combined to erect a new poorhouse." As a matter of fact has that been done?—(*Mr. Barclay.*) There are more combination poorhouses than simple parish poorhouses—a long way more. I can supply the exact figures afterwards, if you like.

245. I think we should be glad to have the exact number? (*Afterwards supplied to Mr. Duff.*)

246. (*Chairman.*) Is it not a fact that Scotch parishes are, as a rule, very much larger in acreage than English parishes are?—I could not give a general answer to that. We have such a great difference in size of parishes; in the northern counties we have some parishes that are 10 to 20 miles long, and nearly as broad.

247. (*Mr. Knollys.*) Do you think that the area of Scotch parishes would, more or less, be similar to the area of English unions? You know, of course, that the English unions differ enormously?—There are 876 parishes in Scotland. I have here the statistical report of the City of Glasgow parish, which is the largest parish that we have in population—of course not in area.

248. May I ask if two or more parishes have combined for the purpose of providing an infirmary only, leaving each parish to provide its own poorhouse for other purposes?—No, we have no such case.

249. Have you any case where parishes have combined in order that they may come under par. 3 of the Circular of 1879—in order that they may have an average of 60 sick, and therefore be under different administration from the workhouse?—No.

250. None have combined for hospital purposes?—No.

251. Sec. 64 empowers a parish to frame rules with your consent. Is the result that you have a variety of different rules in different parishes?—No, the Board framed those rules which we have handed in, which we regard as model rules, and they have been adopted in every poorhouse in Scotland. In some poorhouses they have additional rules for matters of detail with regard to the hours of service and absence, and things of that kind not dealt with in the general rules.

252. And you find yourselves generally able to approve of the additions proposed?—They do not require our approval; they are mere matters of detail.

253. But you say that "no rules and regulations shall be effectual or acted upon except such as have been approved by the Board"?—These are the general rules for the management of the poorhouses. The Board have no knowledge of these matters of detail.

254. So that each poorhouse has considerable licence as to the making of rules as to details, provided they take your general rules?—Yes, and that there is nothing which conflicts. These rules would be held supreme.

255. And you say that in no case has the Board required a matron to undergo three months' training?—No, in no case has the suggestion been adopted; I think there would be great difficulty in regard to it. It would be difficult for a matron to get away from her own duties. I am personally not very much in favour of it myself.

256. Can matrons only be appointed with your approval?—No, the House Committee appoints, our approval is not necessary either for the governor or the matron.

257. You say "existing matron shall have three months' training, and future matrons shall have six months' training." Do you find the latter part of that rule complied with?—I do not know any matron who has had six months' training. All the matrons that have been trained have had full training, of two years at any rate.

258. Is it a common practice for the local body to appoint untrained matrons now?—Yes.

259. In spite of your regulations?—In spite of our regulations I may mention that for some time back, whenever a vacancy has occurred where a matron has not been a trained nurse, and the resignation or death of the previous matron has become known to the Board, the Board have at once communicated with the House Committee urging upon them to appoint a matron who is

a trained nurse, but their suggestions have not always been adopted.

260. If their suggestions are not adopted, the Board are unable to do any more?—We can do no more. The Chairman asked a question with regard to the governors. Recent appointments have almost all been given to policemen. House Committees seem to think that these are the most suitable persons—therefore our suggestions are not complied with.

261. (*Chairman.*) Have you not power to withhold the grant in any way?—If there is not a sufficient number of nurses we can withhold the grant, or if our regulations are not complied with, but we have never had occasion to do that.

262. (*Mr. Knollys.*) Then you have no power otherwise to deal with it?—None whatever.

263. Well, then, you say that “in every poorhouse where the average daily number of sick during the year amounts to 20 there should be a trained assistant in addition to the matron, and where the number exceeds 40, two assistant nurses.” Did this come to pass? Were these nurses employed in the proportion of 1 in 20?—Yes, generally more nurses are employed.

264. You have no reason to complain of their not complying with that rule?—No.

265. Rule 4 says: “Where three or more nurses are employed, one-third of the number may be untrained.” In the instance of a poorhouse which employs 30 nurses, should you hold that 10 of these may be untrained?—I do not know that such a case has ever come before us.

266. You do not know how far that is complied with or not? That question has not come before your Board?—I do not know, because where there are trained nurses in a poorhouse, they have not any untrained nurses, except probationers.

267. You don't know any case where there are trained nurses and pauper nurses, too?—Oh, yes, pauper assistants to the trained nurses.

268. Now as to the place where a trained head nurse is employed, *i.e.*, where the daily average number of sick exceed 60, is the matron to exercise no jurisdiction whatever in those infirmaries?—She is not.

269. But the governor does?—The governor is supreme and he is responsible.

270. But the head nurse is responsible for the cleanliness of the wards, the condition of the patients, their persons, bedding, and clothing?—Yes.

271. How does she obtain the necessary bedding and clothing? Do you have a separate contract for the infirmary?—No, it is supplied in every case from the general stores of the poorhouse.

272. She intimates to the governor what she wants?—Yes.

273. You say that the position of the head nurse is “in all respects the same as that of the matron in the other poorhouses.” You do not distinguish one from the other as far as their responsibilities are concerned?—Except that in the treatment of the sick the head nurse or lady superintendent is responsible to the medical officer.

274. But apart from the treatment of the sick?—Their positions are the same.

275. The head nurse can suspend her subordinates, and report them to the governor?—Yes.

276. She is also to take charge of other inmates, but she has no power with regard to them beyond reporting them to the governor if they are insubordinate?—No. I may mention that this is a matter which is not satisfactory as long as we have poorhouses, hospitals, and ordinary wards with the same building. In the larger workhouses I should like to see them entirely separate. I may say that where there is a matron in the ordinary wards and a lady superintendent in the hospital, it is a sort of armed neutrality between the two. You understand that two ladies in that position cannot be expected to work very well together.

277. Is there any difference in their social position?—There may be—the lady superintendent may be superior in training, social position, and education.

278. In all matters as to treatment of patients, their dietary, etc., she has to conform to the wishes of the medical officer?—Yes, with regard to Rule 5 the Chair-

man asked what were the other matters. I should think that that is only a qualifying condition. It is impossible in rules to provide for everything, and we have found that it is very convenient to put in a general rule of that kind, in case a nurse should say, “This or that is not provided for in the rules.”

279. Have you found any reason to relax the rule as to what constitutes a training school for nurses?—In one instance we have. We have not insisted upon the medical officer being a resident in the house. It was the case of the Longmore Hospital in Edinburgh, where (the medical officer resides outside, and is in other practice. He attends every day at the hospital, and the nurses who are on probation are affiliated with the nurses in the Royal Infirmary in Edinburgh, and attend the lectures at that infirmary and pass the same examination as the nurses there. We found that the nurses who came to us from that institution were very suitable for poorhouse nursing; they were accustomed to attend to cases very similar to what we have in the poorhouses.

280. The medical officer has been required to attend daily. Have you any rule which says how long he has to attend?—No, just as long as was necessary for him to see the patients in the institution. In this particular case he was within 100 yards of the hospital, so that he could be called upon at any time.

281. You have four training schools for nurses. I want to know rather more exactly what constitutes a training school for nurses?—Well, there is some difficulty in answering that; if there is a resident physician or house surgeon, and they train probationers, I think in every case we have accepted that place as a training school for nurses.

282. So that probationers can only be trained at four poorhouses (in Scotland?—In four—yes.

283. And no probationers can be trained in any other place?—No, because they have not the qualification of resident medical officer. In a number of the larger poorhouses, where the patients are mostly chronic cases, they have been in the habit of having as resident a young man who has one year's qualification perhaps, and also a medical practitioner in the town, who attends daily and who gives instructions to the nurses. These infirmaries do not train probationers.

284. Now, you say there are 27 poorhouses which have only pauper nurses. What do you do in those places if you get acute cases?—They are attended to by the matron under the instructions of the medical officer.

285. But there is no trained nurse?—There is no trained nurse.

286. And the matron is not necessarily trained?—The matron is not trained in any of these cases.

287. Do you find that the nursing is frequently very inefficient?—Not in those houses—no, I have had very few complaints as to the nursing? The House Committees have been very much urged, both officially and otherwise, not to send acute cases to the poorhouses, and in one special case of lupus which was in a certain poorhouse when I visited it, and which I brought before the notice of the Board and the Committee, it was soon removed from the house. I will put in this paper showing the cases which are treated in the Glasgow Poorhouse. It might be of interest to you.

288. You put in a statement showing the character of the cases treated in the poorhouse of Glasgow?—Yes.

289. (*Mr. Knollys.*) Do I understand that probationers receive a salary of £10 the first year, £15 the second, and £25 the third year?—That is in these special cases, but in the other poorhouses in Glasgow it is the same, where they have the largest number of patients in Scotland.

290. They get £25 in their third year?—Yes, and in the third year, so far as our register is concerned, they are fully trained nurses, and the infirmary gets the benefit of them as such. I have proposed to some of the House Committees lately that as there was a difficulty in finding trained nurses they should bind the probationers for four years, and thus they would have two years of them as fully trained nurses—but it has not been adopted yet.

291. You find that many probationers do not continue in Poor Law employ?—A number of them do not, or have not. I hope in future that they will.

292. Do you think that that arises from the fact that

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Mr. Malcolm MacNeill, C.B., and Mr. Robert B. Barclay. your certificate enables them to get employment elsewhere?—I don't know, but they do get employment elsewhere.

293. Do you think they become probationers for the sake of getting your certificate?—I cannot say what induces them to become probationers.

294. Do many continue as nurses in the poorhouses in which they have been probationers?—In Barnhill, in Glasgow, where they have 20 probationers, the governor informs me that he has not required to appoint a nurse from the outside for several years, they have all been promoted from the probationers' staff.

295. Do you, as a rule, encourage surgical cases being removed to the hospitals, instead of being treated in the poorhouses?—We have not had many opportunities to encourage it, but, as a matter of fact, the greater number of cases treated in the poorhouses are medical cases. Even in these larger poorhouses only about one-third are surgical cases.

296. But if any special case should arise in a country poorhouse?—We should certainly recommend it to be removed to a hospital for treatment.

297-8. I understand you to say that you would not press for the employment of trained nurses in the smaller poorhouses?—In the small country poorhouses I should never advise the employment of trained nurses from my experience; they have not enough work to do, and friction arises between them and the matron at once. In a number of the smaller poorhouses we have no accommodation for trained nurses.

(*Chairman.*) That is not quite what you state in the Circular.

299. (*Mr. Knollys.*) How do you propose that a special acute case should be provided in these smaller poorhouses?—We propose that that should be done by the appointment of a skilled nurse in that individual poorhouse.

300. You advise that district nurses should be employed in special cases in the poorhouses?—I think it would be a very great advantage if that were done.

301. Have you considered how you would frame regulations as to the employment of district nurses in poorhouses?—It has not been considered—I do not know if any regulations would be necessary. They would simply be under the charge of the medical officer to carry out what he said—they would simply carry out the instructions of the medical officer, and if possible they would visit with him.

302. (*Dr. Downes.*) What is the Poor Law unit in Scotland?—The parish.

303. And what is the authority of the parish?—The parish council.

304. In the event of a combination of parishes, how is the governing body of the combination constituted?—There is only a combination of parishes for poorhouse purposes—there is no other combination of parishes existing.

305. And for the government of poorhouses, how would the authority be constituted?—The parishes agree together for the erection of a poorhouse. Then a House Committee is appointed, which is the governing body of the poorhouse, with so many representatives from each parish, according to the number of shares they have in it.

306. Are they appointed for a limited time?—Yes, they are appointed yearly.

307. And who appoints the officers of the poorhouse?—The House Committee.

308. You mentioned once that the governor of a poorhouse had told you that he had not appointed a nurse from the outside for some years. Has he power to appoint?—He has power to select—perhaps I might have expressed it in a different way. The governor has the appointment if the person is suitable to the committee—if the committee are satisfied that the candidate is a suitable one, they appoint.

309. He selects and the committee confirm?—Yes.

310. The terms "poorhouse," "infirmary," and "hospital" have been used. What would be an infirmary as distinct from a hospital?—The word "infirmary" is used in connection with poorhouses.

311. But you say on page 2 of your memorandum, "On 29th April, 1880, the Board issued rules and regu-

lations for the management of hospitals and infirmaries in poorhouses"?—I think that was owing to this large Glasgow poorhouse—it was in old times an hospital, before it was converted into a poorhouse, and it goes by the name of the "City Hospital" still. But there is no distinction between the words "hospital" and "infirmary," and in several cases we use the words "poorhouse hospital."

312. For the admission of a sick person to these infirmaries, is it necessary that they should pass through the poorhouse?—No, they may be admitted directly. The City of Glasgow are now building a very large new hospital to hold 1,500 inmates—sick and young children. In that case I see that the words "infirmary" and "hospital" are both used. I should be pleased to hand in this statement, Mr. Chairman, because in this case this hospital is to be under the charge of the medical superintendent.

313. Then this House Committee appoints the officers and may even appoint the chief officers, without the consent of the Local Government Board?—They do—they do not require our sanction.

314. May they dismiss them also without that consent?—They may also dismiss them.

315. There is no concurring power?—No concurring power; it is felt to be grievance that we have not this power. Our inspectors of poor cannot be dismissed without the consent of the Board, but the governor of a poorhouse may be dismissed at any time without the consent of the Board.

316. The Local Government Board, as you have told us, has power to frame rules and regulations for the management of poorhouses and for the discipline and treatment of the inmates. But we were told further on that it is doubtful whether you have power to prohibit pauper nursing?—I think we have no power.

317. Have you power to define the employment of the inmates in any way?—The rules provide as to the classification of the inmates. But these others are matters of detail.

318. Have you any prohibited employments of any kind?—No prohibited employments. We have had complaints from inmates that hair teasing and some of those things were objectionable, and we have advised its abandonment, and it has been done.

319. Had you power to compel it?—We had no power to compel it.

320. On page 2 of your memorandum you recommend that there should be one trained nurse to every 20 sick. Have you any definition of "sick person" for that purpose?—No.

321. In our workhouses there are in the sick wards many old people who are there more for convenience than because they are actually sick, and I suppose in your sick wards it is the same. Would you include that class in your 20?—Yes, generally, but in certain cases where we have found that the proportion of trained nurses was not sufficient to earn the grant, we have allowed them to deduct from the total the old people who were simply suffering from senile decay, and put into the sick wards for their own comfort.

322. Turning to the rules of April, 1880: "The matron of the poorhouse shall have no jurisdiction within the hospital." What would be the position of matters between the matron and the head nurse in such common matters as laundry, kitchen and stores, would there be a separate laundry?—I know of only one case where there is a separate laundry.

323. Would that apply also to the kitchen in many cases?—In the same poorhouse there is a separate kitchen, the hospital is separate in every respect from the poorhouse. It is quite exceptional to have more than one kitchen.

324. In what position is the trained nurse with regard to stores?—She has charge of the stores for the hospital.

325. I meant the bed linen more particularly?—She has charge of the bed linen.

326. Does she give any guarantee for security?—In some cases all the officers in the poorhouse have to give a guarantee, but that is not a matter that has come before us.

327. In that case the trained nurse would be included, would she not?—Yes, she would be included.

328. These helpers who are employed in the wards for

cleaning, etc., are they lodged in the hospital, or are they brought from the poorhouse to work in the wards?—They are brought from the poorhouse universally, as far as I can recollect just now.

329. Who selects them for employment in the hospital?—The matron selects them—unfortunately.

330. I infer from your answer that there is some friction on this point?—It has been the cause of constant friction; the lady superintendent says she gets the worst class of inmates.

331. Does it occasionally happen that inmates have to be retained in poorhouses for want of room in the infirmary, or because they cannot be transferred?—It has occurred. I would not say frequently. At the present time the poorhouses in our large towns are tremendously overcrowded.

332. What provision is there for nursing the sick who remain in the poorhouse—who cannot be removed to the infirmary?—The superintendent nurse would visit them.

333. To whom would the nurse visiting the poorhouse for the purpose of seeing to a sick person be subordinate?—She would be under the superintendent nurse, but it is a very rare case, and would only be temporary—perhaps for only a few weeks in winter.

334. I take it you have had no experience of trouble in that direction?—No.

335. And in the rule that the trained nurse shall conform to the instructions of the medical officer—does that duty include the allocation of nurses to particular wards?—Yes, I understand so.

336. Any trouble on that point?—No.

337. Have you any power to withhold the grant on the ground of bad nursing, assuming that the House Committee have appointed trained nurses in accordance with the rules, but on inspection or from other information the nursing is found to be inadequate?—We have only power to withhold the whole of the grant if our conditions are not complied with—in the case of a bad nurse we could withhold the grant in respect of her services only.

338. Have you ever done so?—No, never. The nurse would be removed.

339. Have you a register of training schools that you recognise?—We have made one up from experience, *i.e.*, a list of those from which nurses have come who have applied for registration, but it is not a complete list by any means.

340. Does it include English institution?—Yes, and Irish.

341. Any Colonial?—We have just lately had a nurse who had been trained in America.

342. Could you tell me roughly how many training schools you have on that register?—No, I am afraid I cannot.

343. Does it run into hundreds?—Oh, no, I should say not 50, but I have not counted lately; you can quite understand that our lady superintendents have certain connections with the hospital at which they themselves have been trained—they often get nurses from their own hospitals, so that a good many will come from one training school.

344. And you take the general repute of a place, do you, as the ground on which you put it on the register?—We make inquiry whether they have a resident physician or surgeon, and whether they are training probationers.

345. Do you ask for any details of the training?—No.

346. Have you had to remove any establishments from your register?—No.

347. In your own poorhouses, which are training schools, have you any regulations as to the training?—No.

348. In the cases where the matron is also a trained nurse, I think you told us that the salary was divided—would the offices also be distinct?—I do not quite understand.

349. I mean you have certain poorhouses where the matron is a trained nurse, and I understood that part of their salary is given as trained nurse. In that case would her office as a trained nurse be a distinct one from that of matron?—No, I do not see how you could separate them.

350. She may be a good matron and a bad nurse, and

if the House Committee saw fit to supersede her as nurse and keep her as matron, could they do so?—Oh, yes, certainly, they could do so. In a case of that kind we do not allow more than £20 to go against the grant as the salary of the matron as trained nurse, because her time must be so much occupied by other matters. You will observe that in these cases the number of sick is very small.

351. I notice that in the case where the matron is a trained nurse the number of sick is not large—have you had to consider any limitation of the number of sick for whom you would allow the matron to act as trained nurse in a hospital or poorhouse?—We have not had to consider it, but if the sick got above 20, then we would not allow the grant, because 20 is the number for one nurse.

352. Should you consider that where there were many sick the matron of a poorhouse would have quite sufficient to do with her ordinary duties as matron, and that it would be better that the sick should be looked after by a trained nurse?—Most certainly. In some of our larger poorhouses where there is a large hospital with a lady superintendent, the lady superintendent has been appointed matron of the whole house—which avoids friction.

353. In that case she would have suitable assistants, I take it?—Oh, yes, suitable assistants. In Barnhill poorhouse the lady superintendent is also matron; she is a trained nurse and the assistant matron is a trained nurse also.

354. With reference to the suggestions of your Board to meet the difficulties of small places where trained nursing seems to be impracticable, have you considered what distances should be allowed for removal to a suitable hospital or infirmary?—I have gone over all the cases, and I find that in every case a hospital or infirmary is quite as available to the parishes in the combination as the poorhouse.

355. Have you had any experience of the employment of district nurses as suggested by you?—We have not.

356. (*Dr. Fuller.*) As regards the term "parish" in opposition to the term "union," have you any knowledge of the city of Bristol?—None.

357. My question is whether the parish of Glasgow would be analogous to the City Union at Bristol?—You would probably find the figures in this book. I have been told that the parish of Glasgow now is larger than any of your English unions, but I cannot give you that in figures.

358. Then as regards rural parishes—do you know anything of parishes in the north of England?—No.

359. I gather that there would be a distinct difference between your urban and rural parishes as regards area. Would that be available in statistical returns?—It is only to be found in census returns; we do not publish it in any of our reports.

360. In your second suggestion (on the last page of your memorandum) you say that "to provide for chronic cases which will not be treated in an infirmary, the services of a district nurse should be obtained for the regular visitation of the sick inmates of these poorhouses." Would she be the district nurse for a large area or for a small one?—I think the latter, except in the Highlands, where they go over a large district, but as far as I know there would be district nurses available within a short distance of nearly every poorhouse.

361. In another suggestion you advise that acute cases should be removed to a suitable hospital or infirmary. In a case of acute pneumonia what would you suggest?—You mean as to the difficulty as to the distance of removal?

362. Or the difficulty there might be in getting a district nurse in?—If it were an acute case I do not think there would be any more difficulty in removing it to a hospital than in removing it to a poorhouse.

363. But suppose the case has arisen in the poorhouse?—Then possibly it might not be removed.

364. Where there are no trained nurses have you a separate administration from the workhouse?—No.

365. What is your limit for the appointment of a superintendent nurse?—If there are 60 sick there should be a lady superintendent or head nurse.

366. In suggestion 4, "where three or more nurses are employed, one-third of the number may be untrained persons, if able to read and write, and engaged for not less than a year." Do I understand that where you

Mr. Malcolm MacNeill, C.B., and Mr. Robert B. Barclay.

Mr. Malcolm MacNeill, C.B., and Mr. Robert B. Barclay. have three nurses one of those nurses is always a superintendent nurse?—Yes, a superintendent or head nurse; I think that is the difference if any between a lady superintendent and a head nurse—where there are only three nurses she would possibly be called “head nurse.”

367-8. Coming to the rules and regulations for the management of hospitals and infirmaries where a trained head nurse or a lady superintendent is employed, are we to infer that this lady superintendent has sole control as distinct from the matron of the workhouse?—The head nurse has sole control over the hospital, where there is a head nurse or lady superintendent.

369. Then you have no limit of the number of patients to distinguish between a lady superintendent and a nurse?—No. I could not well define what the difference is between the two, if there is any.

370. As regards the difficulty in requisitioning on the part of the head nurses for stores or for additions to her bed linen—by stores I mean provision stores—is there any friction or unworkable regulation that you have found?—No, that is not a difficulty that we have. I have not found any difficulty with regard to the provision of clothing or stores; only in the provision of workers for the hospital.

371. I have been wondering whether it would be possible in our English workhouses to form a separate administration wherever there were 100 beds. Should you in that case prefer a separate laundry or kitchen, or both?—I should prefer to have the hospital distinct in every respect, and to have accommodation for the workers in the hospital; not to have them drawn from the poorhouse at all.

372. Has there been any difficulty as to the cooking for the sick wards in those cases being done in the workhouse as distinct from the infirmary?—No.

373. Or the washing?—There has been friction in some houses over the washing.

374. Taking the laundry or cooking, would you always insist upon a separate laundry and kitchen wherever possible?—I should certainly advise it in every case. With regard to workers I may say we have a great difficulty in getting any workers in our poorhouses. Few women come into our poorhouses who are able to do any work, and in some of our larger poorhouses the whole of the scrubbing, and work of that kind is done by the men on the male side.

375. Would you suggest that the labour in the infirmary should be paid, and that the inmates of poorhouses should not be employed in infirmaries?—If they had any accommodation for workers in infirmary I would certainly have paid labour—you could certainly get it in from the outside—it is only a matter of expense. In some of the poorhouses they employed women who were on out-relief to come in and do scrubbing in the infirmary. They gave them their meals, and paid them a small sum (9d. a day, I think); that answered very well for a short time, but it was found that before long these women soon took themselves off the roll for outdoor relief, they thought if they could work every day for the infirmary they might as well work for people outside.

376. You say that it shall be the duty of the superintendent nurse to suspend and report to the governor any nurse who may be found insubordinate, inefficient or otherwise unsuitable. May I infer that this works well?—I have had no complaints with regard to it, but personally I would like to see a little change in that respect, and have pressed it upon the Board. As you see on the forms the governors send in reports to us as to the efficiency or otherwise of the nurses. I do not think that it should be in the power of a governor to report alone to us. I think we should have corroboration from the medical officer of the poorhouse and the lady superintendent.

377. You would perhaps prefer that the superintendent nurse should have power to report to the House Committee?—I would prefer very much that she should also have power.

378. Rather than to the governor?—Yes. I would have the lady superintendent and the governor to report to the Governing Committee. I am very loth in any way to do away with the power of the governor as being supreme in cases where the hospital is connected with the poorhouse.

379. Would you state it precisely that you would

prefer the administration of the sick wards to be distinct and separate from the poorhouse?—Most decidedly.

380. Have you had any trouble or injustice from the local right of dismissal of officers?—Well, not to my recollection.

381. You say that a register is to be kept of trained nurses employed at the poorhouse. Do you find that you are able to keep up the register in point of numbers?—Yes.

382. Do the governing authorities apply to you from time to time for a list of unemployed nurses on that register?—We have no unemployed on register. The registration is of those who are employed, and when they leave the poorhouses for other employments they are removed from our register for the time being.

383. Then we are not to understand that you register is a sort of bureau?—No, it is not, but I should like very much if it could be.

384. You were speaking of the Barnhill administration. Do you find that the rule in force there that the governor has practically the right of selecting the nurses bears at all hardly upon the lady superintendent?—They have always worked harmoniously together.

385. Would that work harmoniously, generally speaking?—I should think it might be practicable to give the selection to the lady superintendent who has to work with the nurses. I do not think in any one of these cases the governor would make an appointment without consulting the lady superintendent—giving her the selection, although he nominally put the names before her.

386. Is it always well to trust to the common-sense of the officers concerned to work harmoniously together?—I think so.

387. As regards the training school, have you any scheme submitted to you as to the curriculum of training?—No, we have no knowledge of it.

388. Would a training school where there was no systematic course of training in force be recognised by you?—No.

389. Have you found in any Scotch poorhouses that the poor accommodation provided for the nurses was a difficulty?—Yes, a very great difficulty.

390. You said in speaking of the accommodation that a separate room should be provided. Is that general?—That is general in the large infirmaries now. Formerly many nurses and probationers had often to sleep two in a bed, which was very objectionable. Probationers are now provided with separate beds as well.

391. You make that a prominent stipulation?—In any new plans that are submitted; certainly.

392. Have you any regulations as regards the separation of probationers from nurses? Is the sitting-room to be used equally by probationers and nurses?—Yes.

393. What are your regulations as regards the rations of nurses?—We prescribe the dietary for the inmates, but we think that the officers can look after themselves, and complain if they are not satisfied.

394. Have you had any complaints from officers?—We have not had complaints, but I have known of complaints being made to House Committees in several instances.

395. Do you accept untrained persons as nurses, that is to say, paid officers?—Yes, in some cases.

396. Is it because you do not get a sufficient supply of trained nurses?—You refer to these houses which have paid untrained assistants. In all these houses there is not accommodation for trained nurses, and the number of sick is very small.

397. Do you limit the salary?—We have no control over the salary.

398. Where a trained nurse could be appointed, but there are no applicants, and you have to employ an untrained person, would that untrained person get the same salary as the trained nurse would have?—By no means, not much more than half; she would just be in the position of a servant.

399. Would you suggest that there should be a general code of regulations—a certain curriculum—for training schools in Poor Law institutions?—I think it would be very advisable. I do not think it is sufficient to trust to the medical officers of all poorhouses.

Although we have been very fortunate so far in having excellent men in that position, it might, of course, be otherwise. I do not know whether it is of interest to you, but in going recently over all the poorhouses, I have come to the conclusion we have the best men available. One might be apt to think that it would be an inferior man who would be found in these posts, but in almost all the poorhouses we have the best man that could be had in the district—some of them very experienced men in high class practice.

400. What about the rate of pay for the medical officer?—It is very small. I could give you the figures, but I have not got them now. (*Afterwards sent to Mr. Duff.*)

401. (*Chairman.*) I should like to know whether a line has ever been clearly drawn between the duties of a nurse and an attendant. You speak of nurses and of attendants, I see?—I do not know of any case where paid attendants have been employed where there are trained nurses.

402. I think I gathered from your evidence that you consider the best plan in these smaller poorhouses would be to have the matron a trained nurse?—Most certainly.

403. Would there be much difficulty in obtaining trained nurses to go to these small places as matrons?

Miss WILSON and Miss GILL, recalled; and Examined.

407. (*Chairman.*) I think, Miss Wilson, you were going to bring us some papers about the Royal National Pension Fund?—(*Miss Wilson.*) Yes, I have brought the papers, and I saw the secretary about the Fund, and asked him some questions. He told me that Guy's Hospital is federated with the Fund, and is an excellent example of how they work. The Royal Infirmary at Liverpool is also federated with them. These are the suggested schemes of federation which he gave me. They give suggestions as to how the pensions should be arranged and paid. I do not know whether the Committee want papers or not.

408. The paper we should like to have is a paper showing how the benefit to the nurses is supplemented from some fund outside their contributions?—What Guy's Hospital does is this: it pays a little more than half the yearly payment for each nurse in their employ, if the nurse takes out a policy on her own account. The hospital takes out with the fund a policy on the returnable scale for a pension of £11 5s. on the life of any sister or staff nurse of the hospital under 40 years of age, who on her own account shall take out a similar policy with the fund for a pension of not less than £7 10s., to commence at the age of 50 years. After a nurse has been in the service of the hospital for a period of five years, the benefit of the policy effected by the hospital on her behalf shall belong to her, and will, in accordance with the preceding rule, be assigned to her when her pension falls due, or otherwise, 12 months after leaving the hospital.

409. Is there anything in the rules of that fund which would prevent Guardians taking out similar policies for their nurses?—No, I asked the secretary, and he said: "Nothing whatever." Anybody can federate on their scheme. The Royal Infirmary at Liverpool has just federated. They did it by paying down a lump sum of £9,000 to the pension fund, and by paying that sum all their nurses were taken off their hands entirely as regards pension—those nurses who are at present employed, those who are receiving pension, and even their probationers. That is one way of federating, but Guy's Hospital would probably be the better example for Guardians.

410. You put in a paper showing how Guy's Hospital federated themselves with the Fund?—Yes.

411. Have you any other papers to put in as regards the Pension Fund?—No, but I should like to mention that the secretary of the Pension Fund informed me that the average stay of nurses in Guy's Hospital was longer than in any other London hospital, because of this Pension Fund. It encourages them to remain.

412. Has it been long in operation?—It has been practically from the beginning of the Fund, which was established in 1887. Another question was asked as to the power of Guardians to remove their inmates to other unions, and I stated that some inmates were re-

—No difficulty whatever, if the accommodation were suitable.

404. I suppose the matron is generally the governor's wife?—Yes, as a rule the governor and matron are appointed at the same time. In many instances recently when vacancies have arisen, there have been applications from a governor and his wife as matron, who was a trained nurse, but the House Committees for local reasons have rejected them.

405. (*Mr. Knollys.*) Have you any instance where the governor has been appointed, but his wife not appointed, and a trained nurse has been appointed as matron?—No, I do not think so where the appointments have been made at the same time.

406. You say there has been no association for hospital purposes amongst the committees of these poorhouses. Can you explain how it is that in Aberdeen East there are 264 inmates and 132 sick, whereas in Aberdeen West there are 232 inmates and only 39 sick? Does that mean that the sick have been put in the Aberdeen East poorhouse?—It does, they are one parish now. At present they have two poorhouses, but these will very shortly be done away with, and a large new one built. In the Aberdeen West poorhouse they have only accommodation for 40 sick, and they simply use it for an overflow. In Dundee they do the same with their two hospitals as in Aberdeen.

moved to Brentwood. Well, I find that that was either a mistake of mine or a mistake of the doctor who informed me of it. There are no cases moved to Brentwood; but there are cases taken, for instance, from the workhouse at Bury St. Edmunds, and removed to the Thorpe Union. Also in the report of the Local Government Board for 1889 it is stated that the Woodbridge Guardians have closed their workhouse at Nacton, and board out their paupers at the Ipswich Workhouse, $4\frac{1}{2}$ miles away by road. Also Hoxne sends its paupers to Hartismere Workhouse.

413. You wish to call our attention to that as a fact?—Yes, I give it in relation to the fact that Guardians in small unions have the power to remove their sick to larger unions, where they would receive more skilled nursing.

414. We now come to Section 3 of the Reference, on which I think you told us you had not much to say, except that you consider that the qualification for superintendent nurse should remain as at present under the Order?—Not quite that, I think. I think that nurses entering for training under the Local Government Board should feel that they could in time take the position of superintendent nurse, and in order to make a larger amount of training possible, I think it might be desirable for the Local Government Board to lower their standard as regards the resident medical officer; that in many cases where there is an infirmary of 250 beds the training might be good enough, even if the doctor was not resident, to qualify any nurse to take the position of superintendent nurse.

415. I should like to go back for a moment on a question raised the other day. You say your Association are very much against two grades of nurses?—Yes.

416. Do not you think that the result of an insistence on only one grade, and that a grade which may lead to being a superintendent nurse, would be to still further limit the supply of nurses?—I think it would limit the supply of nurses at first, certainly, unless the other suggestion we make was taken into consideration at the same time, viz., that all infirmaries that at present train should be encouraged by grant or otherwise to train for workhouse nursing only. I think that that suggestion of ours ought to go in with the other suggestion we make. All the infirmaries that train now practically lose their probationers at the end of their training. We think they ought to be compelled to serve under the Local Government Board after their training and not to go into other nursing. If that was done, it would tend to encourage much more training and to keep nurses to Poor Law work who have been trained under the Poor Law.

417. (*Dr. Downes.*) Have you any statistics as to what becomes of nurses who are trained in Poor Law infirmaries?—Yes, we took some statistics of nurses who left us during the last three years. Thirty-four left us

Mr. Malcolm MacNeill, C.B., and Mr. Robert B. Barclay.

Miss Wilson and Miss Gill.

Miss Wilson
and
Miss Gill.

in the three years, and only eight of that number went on with Poor Law work; the rest went into private nursing, district nursing, and so on; one or two were married.

418. What do you mean by "left us"?—Left our Association.

419. Have you any figures relating to Poor Law generally?—No figures, but we have information from a very large number of infirmaries. Miss Gill went to a number of infirmary matrons in London and heard from them that their probationers practically all leave at the conclusion of their training; they leave the infirmary and leave the Poor Law service.

420. That was a statement of opinion?—It was a statement of fact. (Miss Gill.) I saw the matrons of seven leading infirmaries, and they all agreed in that—that they could seldom keep their nurses after their period of training.

421. I have some figures which I shall produce later on. You say that you suggest that the probationers should be compelled to serve under the Local Government Board. I suppose you mean under the Poor Law?—Yes.

422. Can you give any suggestion as to how that might be brought about?—It could only be done by a committee created or appointed by the Local Government Board to engage probationers under certain conditions. They should be bound to serve a certain time. The binding is the most important part of all. As it is now, nurses simply come in for three years' training and then go to other more attractive work, and naturally the Poor Law service suffers. We want to see them bound.

423. Where are they to be bound to remain?—In any workhouse to which they are sent by the committee formed by the Local Government Board.

424. Of what would that committee consist?—That question we have not entered into. We should be very glad if such a committee could be formed, but I think you indicated that that would be impossible. It would organise the training and no leakage would then occur.

425. Can you give an example of any Government or department where that has been done? I instanced the other day the Army Medical Service, which has been formed exactly on these lines. But you say, and truly, that Poor Law nurses are the direct servants of the Guardians. The sisters in the Army Medical Service are appointed by the Army Medical Department; they must go where they are sent, and they receive a pension.

426. I think you recognise the difference between the two departments?—The formation of such a department seems very difficult. Our committee would like to suggest that a committee of experts might be organised to formulate rules for this branch of nursing. Unless some formation of that kind is made it seems to me that the Poor Law will go on training, and losing the best of its nurses.

427. Have you any other suggestions with regard to retaining the services of nurses?—Only that both our suggestions must be taken together. Perhaps counties might unite to form a fund for training nurses.

428. You think there might be some local association formed?—Yes, but I do not think it will work so well as a national association.

429. Are you aware of what is being done in Yorkshire?—Yes, I am aware of that—we have information as to that.

430. Have you any comments to offer upon it?—No, except that I think that some of the larger infirmaries (such as Sheffield) have declared that they do not wish to join in that scheme. There are some very good reasons for their not desiring to join—they think the standard of training is too low.

431. (Dr. Fuller.) Is it a fact that the Army Nursing Service trains nurses?—They do not train nurses; the nurses come to the service with a three years' certificate.

432. How do you propose to prohibit nurses leaving the Poor Law service at the expiration of their training?—They would not receive a certificate until their term of five years was completed, and would lose any benefits of pension if they left before that.

433. Do not you think the last two years would be very disastrous to the patients?—No, if they knew in the first instance that they had to work for five years it would not be so. Others have expressed this opinion besides our committee.

434. I infer that you agree with the opinion expressed by the Sheffield Board of Guardians, that they do not wish to join the Yorkshire Association because they lower the standard of nursing?—Yes.

435. One suggestion you have made is that we should limit the number of beds in a training school?—Not limit it, but make the minimum 250 beds. The training as conducted now varies so disastrously that a probationer may be sent to a workhouse where she cannot be trained at all. But in an infirmary of 250 beds, with a staff of nurses who are trained, she would have a good opportunity.

436. How would you propose to encourage training in the large workhouses and infirmaries?—The only hope of that would be to follow the plan of the Education Department as regards the training of teachers. They give a grant to schools that train them. Matrons who are interested in Poor Law nursing feel very much the loss of their nurses. The Birmingham Infirmary has lately left off taking probationers at fees and given salaries instead, and they have lost money since they adopted that system. The facts relating to this remark are that in a recent report of the Birmingham Infirmary it was stated that this increase in the salaries of the nurses amounted to £449, and that to this £449 must be added £700 decrease in fees for fee-paying nurses, for instead of receiving fees the Guardians now pay salaries amounting to £360 per annum. I certainly think a grant would do a great deal to encourage them.

437. (Chairman.) Now we come to Section 4 of the Reference. Have you ever been a Guardian, Miss Wilson?—No, I have never been a Guardian. I have constantly visited the nurses belonging to our Association in their various posts, and am acquainted with a large number of clerks to Boards of Guardians and others connected with the Poor Law, both in London and the country. I may also say that I have visited and taken an interest in the sick in workhouses all my life, practically.

438. So that what you will tell us now as to the respective duties of master, matron, and superintendent nurse would not be from any experience of your own of the difficulties of administration, but what you have heard?—I have had no experience as a Guardian, but as honorary secretary for over 15 years of our Association, I practically had to choose and appoint over 800 nurses, and these were placed in country workhouses where the need was most great for trained nurses. These nurses were bound to our Association to work for a certain period, therefore any friction that arose would be a cause either of the nurse resigning or trying to resign, or in some way communicating with us.

439. They were bound to serve to your Association?—Every probationer trained by us was bound absolutely for the whole of her time.

440. In consideration of your doing for them—what?—In consideration of our paying for the training, paying them a salary during the time of training, giving them uniform, paying their travelling expenses, and giving them a certificate at the end of their binding, which lasted four or five years.

441. Well, now, as to the respective duties of master, matron, and superintendent nurse. What have you to tell us as to that?—I think it is the greatest cause of difficulty in the case of appointments in infirmaries not separated from the workhouse. I think if human ingenuity had devised a plan to cause friction, it could not have been more perfect than the present system. Of course it has been arranged by nobody—it has come about gradually—it has gradually grown up. The nursing profession has by degrees become a highly specialised one, and I do not think that Guardians and masters and matrons quite recognise this. The schoolmistress has always been in the position of a specialist, but the nurse has not hitherto been a person with special knowledge at all, and therefore she has been (at least until the Nursing Order of 1897 was issued) working under the same conditions as were suitable in the workhouse before nurses were trained at all.

442. You agree, I suppose, that the master must have supreme control over the whole premises?—The master must have supreme control as head of the department, but I think the nurse should have control in her department—control over the nurses, control over the stores and linen, and over the patients with reference to the medical officer.

443. What would you say as regards the granting of

leave of absence to nurses? Should that be solely in the hands of the superintendent nurse, or should the master have power to veto it?—I think, working on the same lines that have been successful in hospital work, it would be infinitely more satisfactory for the superintendent nurse to arrange the leave of the nurses in her charge. She knows how they do their work, and their individual character; they will respect her much more if they know that she is the authority in this matter. These arrangements can surely be much more suitably made by a woman than a man.

444. Would you allow the superintendent nurse to give herself leave without communicating with the master?—I consider a great many of these difficulties could be got over in the following way: I think the Infirmary Committee should draw up rules as to the times when the superintendent nurse is to have leave of absence, and that she should be directed to write at the porter's lodge or master's office the name of the charge nurse who is to take her place during her absence. Of course if she wants a night off she should consult the master, but her ordinary times of leave should certainly be arranged by the Infirmary Committee.

445. Would you allow the master to have the right of entrance into the infirmary wards?—Yes, I think so—certainly one would hope he would use discretion—he is captain of the ship, and must, I think, be allowed to go to every part of it.

446. Would you think that the master should be entitled to call upon the superintendent nurse to go round with him?—If there is a case of sudden emergency, I think so.

447. I mean, to go round the wards in the ordinary way?—I think it is much more desirable for the superintendent nurse to go round with the master than for a subordinate to go.

448. But do you think that the master should be entitled to require the superintendent nurse to go round the infirmary wards with him?—It seems to me surely a matter for the Infirmary Committee to arrange, not for the master. The Infirmary Committee should lay down a set rule on the subject.

449. But it is asked in the Reference that we should suggest some way of defining more strictly the duties of these officials?—In that case I think the superintendent nurse would in most cases much prefer to go round with the master, and it ought to be arranged that she should go round with him when he pays his visits.

450. Taking the case of a person being brought sick to the gates of the workhouse—ought the master to have the power to send for the superintendent nurse to come and meet the sick patient at once?—Yes, certainly; she is the right person to receive the patient.

451. But is he to send for her, and is she to be obliged to obey his order to come?—Certainly, if the patient is received at the workhouse door—certainly he would have to send for her, though it would be rather different if she had to go to the porter's lodge at the gate.

452. Now you said that she should have control of the stores. I suppose you would include also control over the assistants, whether inmates or paid assistants, who were working in the infirmary wards?—I think she should have complete control over the assistants—you mean the scrubbers and any assistants or workers—I think she should have control over them.

453. Should she have the right to choose them from the body of the workhouse?—That is always such a difficult question. The nurse frequently says that the least good of the assistants are sent to the infirmary; it would be an advantage if she could choose them.

454. You would say that the duty should be assigned to the superintendent nurse?—She might not have the power to choose them, but she should have the power to send them back if they are unfit for service.

455. Now let us turn to the relative positions of matron and superintendent nurse. The question of the laundry is one that causes much friction?—It does.

456. The laundry is nearly always a common laundry for the infirmary and for the body of the house. How would you draw a line between the matron and the superintendent nurse as regards laundry questions?—For instance, if the nurse used more linen than the matron thought desirable—I think the matron should report direct to the Infirmary Committee if she thought the nurses extravagant.

457. Not to the master?—No, I do not think the master can judge of what is necessary—he is not a medical man.

458. Suppose the matron said that the washing connected with her department was delayed by the amount of washing from the infirmary—who should have to settle that?—It can, I think, but come before the committee of the Guardians.

459. And the master should have nothing to do with that?—I cannot see that the master's opinion is of any value on such a point.

460. Would the same remark apply as regards the operations in the common kitchen—ought the master to be a court of appeal in that matter?—I think the matron would be quite as able to form an opinion on that subject as the master.

461. But I am assuming that the matron and the nurse have two different opinions—who is to be supreme?—I think the Infirmary Committee and the Guardians again. The matter eventually comes before them—it would be better if it came before them before everyone concerned had been worked up to the point of irritability. The nurse feels that the master cannot be a judge of these things, and the master contends that he is responsible for the whole house. The nurse should be responsible for the use of linen, and of everything required by the sick—directly to the Infirmary Committee.

462. That would do away with the master's responsibility for the laundry?—I do not see how the ordinary workhouse master can judge of the needs of sick people as regards linen, whilst this is a point on which a trained nurse has been carefully taught.

463. I should like to press you as to that point about the kitchen?—As to the friction. Do you refer to the large demand made upon the kitchen workers on behalf of the sick?

464. Yes, and to complaints that things are sent cold, and at irregular times, and of delay?—The master must be responsible for that, surely? Or, if the matron is in charge of that department, surely she is the responsible officer. Under Art. 210 of the General Consolidated Order she is "to take proper care of the sick paupers, and attend to the diet of the same." It seems to me that she really is responsible as regards diet.

465. Do you consider that the matron ought to be responsible for the kitchen and laundry, and that the superintendent nurse should have no responsibility in regard to these?—Unless they are in separate buildings I do not see how two people can be responsible. The superintendent nurse has nothing to do with the cooking—it is one of the duties she is never engaged to do, except in very small country workhouses.

466. Do you think it would be satisfactory in small workhouses if the matron could be a trained nurse?—Yes, in very small workhouses, but of course she has already quite sufficient to do without adding to her duties. It would be impossible for her to attend to two or three paralysed cases with the very heavy duties she has already.

467. I understand the Scotch system is that where there are less than 20 sick, and the matron is a trained nurse, that is considered sufficient nursing. Do you think that would be sufficient?—No, certainly not.

468. I should like to know how far the friction that undoubtedly exists is the result, in your opinion, of individual temperament. Do you blame the Board's Order for the friction, or do you blame the incompatibility of temper of these officers?—I think the Board's Order has added to the difficulty which has always existed since trained nurses began to be employed in workhouses.

469. In what respect did it add to it?—Because the definition is so vague as regards the points we have been speaking of. It is quite clear that the superintendent is to control the nursing, but I think the difficulty comes in, when you say, "such superintendence and control shall, in all matters of treatment of the sick, be subject to the directions of the medical officer of the workhouse, and in all other matters to the directions of the master or matron of the workhouse." That does not deal with all the subjects that cause friction, such as the care of the linen, the supply of stores, coals, etc., to the infirmary—there is no definition of the superintendent's duties in that respect at all. The nurses, therefore, resent the attitude of the master, and the master resents the attitude of the nurses.

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470. Would you think it possible to define the duties of these respective officers in regard to every matter which might lead to friction?—I think it might be quite possible to define the responsibilities of each.

471. Would you make the superintendent nurse responsible for ordering in the coal?—No, the master is the accounting officer. I think the superintendent nurse should make her requisition to the master in writing, and it should be a constant rule that the nurse's requisitions should be supplied by the master, and if the master considers the nurse extravagant, he should report to the committee.

472. You do not think the Nursing Order of 1897 as it stands is satisfactory?—No, far from it; it is its want of definiteness that we object to, and I do not think we are alone in that objection.

473. (Dr. Fuller.) You say the master should report to the Infirmary Committee. Would you propose to qualify that in any way—would you suggest that he should supply and then report?—I think that would be the only possible way. Supposing the nurse asks for coal, and coal is not supplied, in bad weather her patients suffer very much.

474. Would you propose that that should apply to all other requisitions?—Yes, I think it would work much better. She is not directly responsible to the Board now.

475. How do you read the last part of the Article which you quoted from—"so far as the Orders in force in the Poor Law Union and the lawful directions of the Guardians may require or permit." How do you read that in relation to the General Consolidated Order referring to the master's and matron's duties?—I always thought it meant the superintendent nurse in relation to the nurses and assistant nurses. Is that the way to read it, or is it not?

476. It is right. Did you know that that has been a bone of contention?—Yes; and the nursing papers have often quoted it incorrectly.

477. Could you give us any information as to that being a cause of friction, generally speaking?—It has been a cause of friction certainly, especially in regard to the hours off duty. There is one other cause of friction—the master and matron, it is frequently said, have taken upon themselves to control the assistant nurses independently of the superintendent nurse. I think the master and matron have a most difficult position at present—their work has been very difficult. Under the old Order every officer was absolutely under them, and I think it is very hard for them to know how to read this Order—they still feed responsibility as regards the wards and the nurses and the officers. The old Order is not rescinded—they have not been relieved of these responsibilities. I think in a few cases they would be very glad to be relieved.

478. Can you suggest any other wording of the Order which has given rise to friction?—I think that while the old Order, which says that the matron is to take proper care of sick paupers, is still in force, one really cannot see how the matron is not to undertake these duties; and, that being the case, how is she not to come into collision with the superintendent nurse?

479. I am speaking in relation to the Nursing Order?—But the Consolidated Order stands—that the matron has certain duties, and this new Order does not relieve her. In my experience matrons have said the same thing—that they are not relieved of their duties over the sick unless by a special Order such as at Farnham.* I do not know if I make my point quite clear—I think it is rather an important one.

480. Would you make any suggestion as to how this Order, or any Order that might be issued, could be amplified and more strictly defined?—I think what we stated in our deputation to Mr. Chaplin in 18 still holds—that that Order ought to be rescinded as regards the matrons; the responsibility for the sick

should be taken away from her. Until a new Order is issued which takes away the care of the sick from her I cannot imagine that anything but friction can go on. I think the Nursing Order is contradictory while the old one stands. While both Orders stand as at present the friction must continue.

481. (Chairman.) Mr. Knollys suggests that I should ask you a few questions on the duties of the master—as to which of them could be transferred to the superintendent nurse. Now take Article 208 (7)—it is the duty of the master "to visit the sleeping wards of the male paupers at 11 o'clock in the forenoon of every day, and see that such wards have been all duly cleansed and ventilated." Would you say that the master should or should not be responsible for that in the case of the sick wards?—Does that refer to able-bodied men paupers?

482. It is held to apply to both—certainly No. 12 does—it would include all wards?—The question is—Should the master continue to do these duties, is it?

483. Do you think the master should be required to make these visits in the morning and in the evening to the infirmary wards as being wards of the workhouse for which he is responsible, or should that duty be left to the superintendent nurse entirely?—As regards the sick I think the superintendent nurse should be entirely responsible.

484. You would say that, as regards the duties set out in No. 7 and No. 10, they should be taken from him altogether?—Certainly No. 10—I think he should be relieved of that duty.

485. Would you still leave him responsible for the due cleansing and proper ventilation of the sick wards?—No, the nurse should be responsible for that.

486. Now, turning to No. 12—"to see that the male paupers are properly clothed, and that their clothes are in proper repair"—would you say that the sick inmates as regards their clothing should be placed entirely in the charge of the superintendent nurse?—That does not deal with the sick, does it?

(Dr. Fuller.) It includes all.

487. As regards No. 12, your answer would be that if the superintendent nurse has charge of stores, that she ought to have this duty, and the master have it taken from him as regards the sick?—Yes.

488. As to the duty of registering births and deaths, would you make that a duty of the superintendent nurse, or would you leave it with the master?—I have not formed any opinion on that question. I may, however, mention that there is one point that has caused great anxiety to our nurses, namely, that in cases of sudden illness the nurse is not able to send for or communicate direct with the medical officer.

489. The master is now responsible for sending for the medical officer in case of serious and sudden illness, is he not?—Yes, so that if the superintendent nurse requires the medical officer she has to send for him through the master.

490. And you consider she ought to send for him direct?—Certainly; I think she should have that power by day or night; her inability to do so often causes great delay, and such delay may have serious consequences.

491. It would be a great responsibility for her, because she would be responsible before the coroner's jury?—Yes, I suppose she would; but we must remember that sometimes the master may not send for the medical officer when he is really required. I think the patient's interest is, as a rule, first with the nurse; she would be more likely to judge the necessity of the case—whether urgent or otherwise.

492. (Dr. Downes.) Would it meet your point if it were the duty of the superintendent nurse to inform the master immediately the medical officer is required, leaving the responsibility of sending on the master?—It is practically her duty now.

493. You do not consider that sufficient?—It relieves the nurse of all responsibility, but it leaves too much discretion with the master.

494. Let us consider the matter a little further. If it were the duty of the nurse to send, whom would she be able to send?—The messenger may be a difficulty, but it might be provided for, I think. However, it is unimportant compared with the medical officer not being sent for when required.

* "In October, 1899, the Local Government Board issued an Order to the Basingstoke and Farnham Unions, providing that the duty of making morning and nightly visits to the sick and lying-in wards of the workhouse should cease to be part of the duties of the master and matron of the workhouse, and that it should be the duty of the superintendent nurse to visit each of these wards daily and see that all proper arrangements for the care of the inmates, both by day and night, are made."—Local Government Report, p. cvii., 1900.

495. (*Dr. Fuller.*) Dealing with the question of sending for the medical officer, would you amplify that by saying that the superintendent nurse should send notice to the master in writing, and would it be necessary to keep a counterfoil of that notice?—It would be most desirable to do so.

496. There is one other point—under the old Order the matron is “to keep the partially disabled female paupers occupied to the extent of their ability.” Have you known that to be a cause of friction?—No.

497. Would you suggest that that duty should be transferred to the superintendent nurse—the duty of keeping the partially sick occupied?—We have had very few difficulties on that subject.

498. Would you suggest that one of the duties of the superintendent nurse should be to regulate the administration of the sick wards and the maintenance of discipline therein. Is that one of your difficulties as regards the position of master and matron and superintendent?—It is rather a difficult question to answer without full consideration. A good deal of misunderstanding might be avoided if the nurse knew definitely what her responsibilities are. It should be remembered that the medical officer sees very little of her, and she cannot, therefore, appeal to him in cases of uncertainty.

499. Would you suggest that all rules and regulations should be drawn up by the Guardians and their medical officer, and that the duty of the master and matron should be to see that these rules and regulations were observed rather than to give their sanction to anything?—I do not see why the superintendent nurse should not be directly responsible to the Board of Guardians.

500. She would be in that case; the master and matron would simply see that the rules and regulations of the Guardians were carried out?—I think that would not work well; as I said before, the matron should have

less responsibility in the sick wards, and should only act in the master's absence as his representative.

501. Would you suggest that the superintendent nurse should be on an equality with the matron?—No; directly responsible to the Guardians, with a distinct set of duties—more on an equality with the schoolmistress.

502. Would you suggest that the superintendent nurse should become the deputy master of the infirmary during his absence?—No; the matron would still have the duties that the master had had, because there are certain things in the administration which the master would have to keep in his hands while the infirmary is not separate.

503. As regards the present position of the superintendent nurse, do you think the superintendent nurse has responsibilities which are in any way commensurate with her life position in a workhouse infirmary?—I do not quite understand—

504. The superintendent nurse, as a matter of fact, holds her position in a workhouse infirmary practically for life. I put it to you that under certain conditions she has no responsibilities commensurate with that position?—Her position and her responsibilities are not sufficiently defined. I think if they were distinctly defined, as in the case of the schoolmistress, under the Orders, there would be very little friction. I consider that the Nursing Order of August, 1901, issued by the Irish Local Government Board, deals adequately with the difficulties raised on this point. I think that the position of the superintendent nurse should be that of the head of the nurses, whether on or off duty; directly responsible to the Guardians as regards nurses, and under the orders of the medical officer as regards nursing. Special attention should be directed to the choice of superintendent nurses, to their experience in the management of subordinates and general organisation. It is most desirable that they should be women of good education.

Mr. GRINDLE, called; and Examined.

Mr. Grindle

505. (*Chairman.*) Mr. Grindle, I believe you hold a position as first-class clerk in the Colonial Office, do you not?—Yes.

506. And you have kindly prepared a paper for us on colonial nursing?—Yes. I will hand the paper in.

507. Your office has nothing to do, I suppose, with the nursing in a colony which has a representative government?—No, only in the Crown colonies.

508. Then this paper applies solely to Crown colonies?—Solely.

509. I understand that if a nurse is wanted an application is made to your office?—By the Governor, yes.

510. Now that is a nurse for what purpose?—To hold a Government appointment in the colony; she would probably be attached to the colonial hospital, and under the charge of the principal medical officer in the chief town of the colony.

511. Then you fill up appointments, I gather, from this country?—Yes.

512. You send a nurse out?—Yes.

513. Now you get them, I understand, from the Colonial Nursing Association, as a rule?—As a rule we do, yes, but not invariably so.

514. I want to ask you on this paper whether you are aware of the standard which is required for nurses by this Colonial Nursing Association—what standard of training they require?—I am afraid I do not know that officially.

515. Then the Colonial Office fixes no standard of training which it requires in candidates for these appointments?—I believe the Colonial Nursing Association insists on their having had three years training in a good hospital.

516. Is that the qualification?—The Colonial Office has not laid down any qualification. What the office does generally is to rely either on the Colonial Nursing Association, or whoever is helping it, to get the best possible candidate, and I think we should rather take the view that the Colonial Nursing Association would

know more about nurses' qualifications than we should, and would select the best qualified candidate that could possibly be got for the post.

517. Did you say the Colonial Nursing Association would not take a nurse unless she had had three years' training in a good hospital?—So I understand.

518. Have you any definition of a good hospital?—No.

519. These nurses, I understand, have a very good position in the colony—they cannot be dismissed without an inquiry before the Governor?—No, they are in the same position as any other officer of the colony.

520. Are they entitled to a pension?—If they are put on the permanent staff. They are appointed first on probation, and if re-engaged after the probationary period, they would begin to earn a pension.

521. Do you have any difficulty in getting a sufficiency of nurses?—No, the difficulty is to choose between the candidates.

522. (*Dr. Downes.*) How long has this system been in operation? This plan of dealing with the Colonial Nursing Association?—Only since the Association was started—about 1896. But before that exactly the same thing was done. We used to get the matron of Guy's Hospital (I think it was) to select the candidates in the same way—that was previously to 1896.

523. Can you give a rough estimate of the number of nurses supplied annually in this way?—In 1901, 24 nurses were recommended by the Association, excluding an exceptionally large number of nurses sent out to South Africa who were recommended by different nursing bodies—that was an exceptional year.

524. Have you any standard of pay?—It varies with the Colony and with the standard of living in the Colony.

525. I did not quite gather how many nurses you send out in an average year. Would 90 be the average?—The number is gradually increasing with the requirements of the tropical colonies. Between 20 and 30 would be an average at present.

Miss M. W.
Kett.

Miss M. W. KETT, called ; and Examined.

526. (*Mr. Grant Lawson.*) You are secretary of the Northern Workhouse Nursing Association, are you not, Miss Kett?—Yes.

527. Have you been long in that position?—I have been secretary three years.

528. How long has the Association existed?—Since 1891.

529. What counties does it cover?—It covers really the counties north of the Trent ; but we have sent nurses to the south, we have had them in the south at Bridgnorth, Williton, Bridgwater, Taunton, and some in the eastern counties, at Lingwood—that is the Blofield Union, near Norwich.

530. Was your Association formed for the purpose of procuring nurses, or procuring probationers to train as nurses?—The object of the Association was, when workhouse nursing was very bad—one of the chief men was Mr. Rathbone, of Liverpool, he considered that trained nurses were very essential—the Association was formed to train them for work, and then supply them to Boards of Guardians who required them.

531. The Association was formed, then, to train them for the work?—Yes.

532. Where does your Association train?—In various hospitals. We train at Brownlow Hill, West Derby—up to the present at Paisley, but they have declined to take any more after this year—Birmingham, Leeds, and Sheffield.

533. Do you train at the workhouse infirmaries?—At the workhouse infirmaries.

534. You get quite young women, I suppose?—Our limit of age is 24 to 35. We find that below that age they have not stamina enough to stand the heavy work.

535. You get them, and they go through this process of training, and then you supply them to Boards of Guardians who apply for them?—Yes.

536. Can you get as many as you want?—Well, we could get more than we train, because our funds—we could train three times as many if we had funds.

537. Could you get three times as many?—Oh, yes, we could. I have never experienced any difficulty.

538. How about the demand for them? Have you a great many applications for them?—A very great many. I did not think to take out the numbers. We have an advertisement in the "Hospital," and I should think 10 applications a month, certainly, at the least, and we only train 20 candidates in a year. Of course, a great many of these fail, they are only first applications ; but I should think those who would accept training would be three times as numerous as those we train.

539. You get three times as many applicants as you can train?—A great many of these, of course, never get beyond the first form ; they do nothing further in it. We may get 10 or 12 of these in a month. But then I go into the question with others. I should think for every vacancy there are three or four applicants.

540. You mean women willing to act?—Who would accept that very vacancy.

541. Have you a great many applications from Guardians which you cannot supply?—A very great many, they have got on so well ; Guardians will often wait for our nurses. I could place three times as many nurses as I have. Of course, the very fact of refusing so often limits the number of applications.

542. Have you noticed any falling off in the supply of applicants for this position in your society? Are they fewer than they were?—There are fewer, I think, when they find that our training is not for three years. We do train for one year—in years past it was more generally one—now, I think, there are only three nurses who are training for one year, all the others are two years.

543. Have you any way of binding them to remain in Poor Law service?—We pay a premium for their training, and in return they promise to nurse in a workhouse for three years. Apart from that, they get the appointments from me as a rule, certainly for the three years, and then some remain with us ; we have even now one nurse who was trained in 1891. Of course, others leave us and go in for district nursing, become Queen's nurses, and so on.

544. You propose to give evidence before us as to the

difficulties arising from untrained nurses being placed with trained nurses?—At the suggestion of Dr. Rhodes—he thought that some quotations from the letters might be typed and handed to the gentlemen present.

545. You propose to put in a statement—without mentioning names—as to cases of rudeness on the part of untrained superintendent nurses?—I thought it would not be quite fair to mention names, but I could give the date and the name of the infirmary if you required it.

546. This is all one case, I gather?—No, there are two cases—on pages 6 and 7—that is another case.

547. There are two cases?—Yes, I did not trouble you with more, but I thought two was quite sufficient.

548. Then you put this in. You also propose to tell us something about the view of your Association as to the management of the infirmaries. You say that they are understaffed ; do you put this paper in as an illustration of the understaffing?—Yes, we do not go into the number of beds. One member of our committee, Mrs. Graham Steele (she was superintendent of the Manchester Infirmary), and she says you cannot make a hard and fast rule of the number of cases to a nurse in a workhouse, there are so many chronic cases, and the numbers would vary according to that. But as a rule, we find that workhouses are understaffed. The result is that our nurses are called upon to do what is not nurses' work—really work proper to servants.

549. You put in cases of complaints received by your Association from nurses supplied by you—of mismanagement?—Complaints of the inconveniences they were going through.

550. Owing in the first place to understaffing?—Nurses often do not express themselves very clearly. They have sometimes said that the condition of things is "intolerable," and then I have inquired into the matter and found it to be a question of understaffing.

551. There are complaints raised that untrained workers are elected to the staff and often made equal to trained nurses?—In one case mentioned here the woman was perfectly untrained, and she was put on an equality with one of our nurses. That is felt to be a great grievance by them. We used to send nurses out at £22 a year, now we send out none under £24.

552. The next complaint on this paper is that the free time is insufficient and not fixed, and the holidays too short?—That was a very bad case ; the number of hours she had to be on night duty was outrageous. The night nurse is on duty from 7 p.m. to 9 a.m. I should like to draw your special attention to this. That is a case where there are only two nurses, and I believe there the explanation given was (on asking for assistance) that if there was no acute case she could go to bed, but the fact remains that she was supposed to be there for those hours.

553. How many cases were there?—There were only two nurses.

554. But how many cases?—I could not tell you.

555. Could you give us any idea?—It is a small union.

556. You went to see it yourself?—Yes ; I am sorry I cannot tell you the number of cases.

557. Then there is a complaint here on the subject of classification?—I have had many complaints of that, but Nurse Marshall has really experienced it herself in the union she was in. I have given here the case of one nurse, who says she was followed by the epileptics. Another case was where the nurse said that the Guardians complained that they did not pay sufficient attention to the epileptics, but there are so many other cases that it is impossible, and besides, as they say, they are not epileptic attendants.

558. Then as regards accommodation for nurses, you say that it is very unsatisfactory, and you give us two complaints that you have received in support of that statement?—I could give many more. In one which I mention the nurses' bedrooms are scattered all over the hospital. That question is not so hard on the day nurse as on the night nurse. There is a case which I have given you where the nurse says "my room being in the female imbecile block and next to a children's ward."

559. You of course see the advantage of having the

nurse's room near the ward?—I think where a nurse has been on duty all night, she ought to have undisturbed rest; don't you agree with me?

560. But there are advantages in it?—But then the day nurse is on duty. I think a nurse ought to have as much quiet as possible if her health is to be maintained. There is another thing—no nurse should be appointed for night duty only. Also they should not rotate for too short a time. We do not find it work very well where they rotate once a week. It takes some time to get used to sleeping in the daytime. We feel strongly that the rotation ought not to be for less than two months.

561. Then as to food—do you propose to speak on that, or one of the other nurses?—One of the other witnesses.

562. The next point is that workhouse nursing is not attractive because of its monotony?—It is very monotonous, and by that I mean the character of the nursing; the cases are chiefly chronic. There is very rarely an acute case, and the nurse feels that she is rusting instead of improving her experience and becoming a better nurse. That is one of the complaints which they make very frequently, especially in small unions. So far as the Association is concerned we try to remedy that as far as possible by putting a nurse for a year or so in a small workhouse, and then moving her to a larger hospital.

563. I suppose these nurses frequently come to you for advice and assistance?—They write to me. We do not interfere in any way with the regulations of the hospital, but when I get a letter such as that, I have often gone over to them and conferred with them.

564. You think that not only is the work monotonous, but in some parts of the country the life is monotonous?—Yes, but that cannot be avoided; the girls must make up their minds to that. I do not think we should put that forward as a complaint, but in accounting for workhouse nursing it is necessary to mention that. But that is in the nature of the work; we do not offer that as a complaint. We understood the inquiry to be why there were difficulties in getting nurses.

565. Have you found your nurses averse to going to country workhouses?—It depends on the nurses. They sometimes say, "Send me to the country"; but those are the few. After the training school it is very dull for a girl to be plucked into the heart of the country, perhaps three miles from the nearest country town.

566. Do your probationers come mainly from the town or from the country?—Mainly, I should say, from the town and from the suburbs. We have had one or two country girls, but they do not seem to understand the nature of the training always. I get a good many from the farms round Manchester.

567. (*Mr. Knollys.*) I want to know about the positions your nurses occupy in the workhouses to which they go for training; whose servants are they when they are there?—Absolutely under the control of the Guardians, and subject in every way to the regulations of the hospital.

568. They are the Guardians' servants?—Yes. We place them there as premium-paid nurses.

569. They occupy the position of nurses?—I use the term nurse in a general way; at first they are probationers, of course. We do not interfere in any way with their training beyond placing them.

570. But suppose it is a workhouse not qualified to train?—Then we do not send them; we only send them to those I have mentioned. We never send them for training where there is not a resident medical officer.

571. They cease to be under your control in any way?—Yes, as regards internal control; they have signed an agreement to nurse for us at the end of their training.

572. Do you find that Guardians object to employ nurses on these terms?—Not at all; in the first place we apply for a vacancy, and it is granted to us.

573. You apply for the vacancy—you are not applied to for a nurse?—I thought you were speaking of the training—the nurses after we have trained them.

574. The application from the Guardians for a nurse always preceded your sending a probationer?—Oh, no.

575. Therefore you have certain nurses you send in to certain workhouses, as I understand they have not been sent there because of an application from the Guardians?—Oh, no, I have not.

576. Then whose servants are they—who has the command of them?—Oh, the infirmary; we do not interfere with them in the least.

577. Are they paid?—The first year they have no salary; the second year we pay them a salary, except in one case.

578. Therefore you have certain probationers working in certain infirmaries who are unpaid?—The first year they get no salary at all, the second year we pay them £10.

579. Who pays them?—The Association pays them £10, with the exception of one training school, and there the Board pays it.

580. The Guardians do not pay them, and yet they are the servants of the Guardians?—Yes.

581. Your training is only for two years, I understand; therefore it never qualifies for the position of superintendent nurse?—Unless later on they take a post where there is a resident medical officer—then they become eligible for the post of superintendent nurse.

582. They have to train for three more years?—No; under the Nursing Order it need not be in one place.

583. But they must be in a training school for three years?—But not consecutively.

584. Therefore, if they are two years as probationers where there is not a resident medical officer, they must have five years' training?—They do not have it; they have our two years' training, and then later on they get where there is a resident medical officer, and, as I take it, two and one make three, and they are qualified.

585. Therefore they have only one year where there is a resident medical officer?—They have never been in a workhouse where there is not a resident medical officer: we never send them where there is not a resident medical officer for training. We are very particular about that, because that is of vital importance.

586. Now you say that difficulties arise from untrained nurses being placed over trained nurses. You do not mean by superintendent nurse what we mean by superintendent nurse. There are not untrained superintendent nurses?—Indeed there are.

587. There cannot be under the Nursing Order?—They were appointed just before then. I have in my mind one who was appointed just before it, where she is still holding the position; she was placed there against the wish of a lady Guardian, and was made superintendent nurse by virtue of her long service; she is absolutely untrained, and she is placed over our nurses.

588. If there were three nurses when the Nursing Order came into force, the Guardians might appoint one of them as superintendent nurse—she must have been appointed in that way?—That is where the friction comes in.

589. With regard to the question of rudeness, do you suggest any remedy for it?—I think it may help to remedy this when every superintendent nurse is trained. It is to be hoped that training will produce better manners in time—barring disposition, which I am afraid will always count for something.

590. You say they are required to do the work proper to the servants; how many patients do you consider a nurse should have to attend to? I quite understand you cannot lay down a hard and fast rule, but speaking generally?—I should think, if there are a good many chronic cases, about 25.

591. You think one nurse is qualified to attend 25 cases?—If a good many of them are chronic.

592. By day and night?—No, only to be responsible for them for the time being.

593. What do you consider the staff of a hospital should consist of—let us say a hospital of a certain size; you begin with a superintendent, then how many other nurses in a hospital of, let us say, 100 patients?—I really think I am not in a position to answer that question. I have never seen a superintendent in a workhouse infirmary. I do not think it would be any use my suggesting.

594. The nurses are required to do menial work, and work that should be done by an attendant?—I think there ought to be a wardswoman to do the rough and menial work.

595. A wardswoman for each ward?—That depends on the size of the ward.

596. Do you mean a paid wardswoman?—Preferably

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Miss M. W. Kett. but in the country you sometimes get able-bodied women able to do it.

597. There always are wardswomen, but they are not always all paid?—My point is that the assistance should be given, so that the nurse be not required to do this work.

598. You cannot specify at all the sort of work nurses are required to do that is not proper to nurses?—I do not think I can. There is here a letter which I received in 1901, in which the nurse says she had to work with her sleeves rolled up.

599. That does not imply much, to my mind; I should be glad to know what sort of work they are required to do?—What I consider housemaid's work—work of the rough type—I do not think that a nurse should be required to do that.

600. Now I do not quite gather what you mean by "untrained worker" being put on the staff and made equal to trained nurses?—I mean a woman out of the village, for instance, without any pretence of training whatever; she applies, and is appointed to act as nurse—that I know happens. She is left in charge and acts as nurse just like the nurse who is trained is supposed to act, and yet she has had no training whatever.

601. You know, I suppose, that they have to report the appointment of a nurse to us, and we have to sanction it?—Yes; I do not know how those matters are arranged, but I know that these appointments are made.

602. Are you sure that these persons are not employed as attendants in the sick wards?—I know that they are left in charge exactly as the nurse herself, and from the nurse's point of view they are on an equality—they take turn about with the nurse. I cannot tell you beyond that. This nurse says, "The temporary nurses are on night duty at present," etc., on p. 4.

603. I think the Guardians would use a different word to what you use. I think they would not be temporary nurses, but as temporary attendants?—I should have thought that after the Nursing Order they would not have appointed these untrained women; the other nurses cannot see in what way they are treated differently or named differently—they are treated as nurses.

604. How do you propose to remedy the want of free time?—I cannot say—especially in the small workhouses. In the large ones there does not seem to be so much difficulty. But to a nurse time off is most important.

605. The patients must be left, for the time being, without a nurse?—I think the number of nurses should be so appointed that—if your matron were trained and she came on duty—I think some arrangement ought to be made by which the nurse gets free time.

606. Suppose the workhouse were a small one with perhaps ten patients—most of them old bedridden cases, but with, say, two acute cases—I understand you consider one nurse is sufficient? Now if she were allowed to go, these acute cases would be left without a nurse for the time being; is not that rather difficult?—Yes; but I should imagine that an acute case would last only for a few days. I did not say that a nurse is never to be deprived of her promised time, but I think it ought to be only under great stress of circumstances. I think there should be another suitable person—the nurse must have a certain amount of outing. I know of one case, a very small union, with, I should think, 30 patients, but cannot say positively; there the matron is a trained nurse, and the difficulty is, of course, quite overcome; the nurse gets her proper freedom, and when it is necessary for her to have her half-day there is a suitable person to be responsible.

607. Would you recommend that in small workhouses the matron should be a trained nurse?—I think it would be very desirable, if possible.

608. Is there any difficulty as to her interfering with the other nurses—would not the fact of her being a trained nurse create a difficulty?—In this particular instance it did not prove so.

609. But I should like to know generally?—Well, you see, matrons have up to the present interfered a great deal, even though they are untrained; if they were trained it would not be resented so much. In a case where the nurse is single-handed you must make the best regulations you can to meet that case.

610. What do you consider should be the holidays

that a nurse should have?—Three weeks for a nurse, and a month for the superintendent.

611. Have you considered what should be the hours of duty for a nurse?—No, we have not considered the question of hours the nurse ought to be on duty; we took the other side of the question—the hours off daily. I think the nurse ought to have one day a month, and two hours daily.

612. Have you considered that it is rather difficult to lay down a hard and fast rule?—But I am speaking generally of places where there is a staff of three nurses.

613. In regard to accommodation I quite agree with you that in large workhouses it is very desirable that the nurse's room should be removed to a considerable distance from the infirmary, so that they may have a good rest throughout the day. But in small workhouses is there not some difficulty in putting a nurse too far away from her patients, so that if she has to be summoned in a hurry they have to send a considerable distance for her?—The point is, what is a considerable distance. I think she ought to be beyond the noise, not next to a children's ward.

614. Don't you see the difficulty that if a nurse is too far away from the wards she cannot be got at freely. There are lots of workhouses which only employ one nurse; you know that. In small workhouses it would be unreasonable to want them to appoint two; suppose a workhouse has five or seven cases only?—I have had no experience of that; I can only recall one or two instances where our nurse is single-handed, therefore I have had no experience of them. I am speaking of unions where the staff is two or three.

615. (*Dr. Downes.*) Your Association is, I think, a voluntary one, supported partly by subscriptions and partly by contributions from Boards of Guardians, is it not?—Yes.

616. How many Boards of Guardians subscribe at the present time?—I cannot say offhand, but it is in that report I have brought, that is the last report out.

617. Is the number of Boards of Guardians that subscribe to you increasing or decreasing?—It is about stationary; we had during last year one or two withdrawals, and two or three new ones.

618. How does it compare with five years ago?—That is rather a difficult question for me, because I have only been secretary three years. It is practically stationary I think; I could easily find out the correct answer.

619. Have you any very small workhouses on your list of subscribers?—Yes, one or two—Blofield is a very small one, I think.

620. How many beds are there at Blofield for the sick, do you know?—No, I do not know.

621. But you have some experience of supplying small workhouses?—Yes.

622. I understand that you have arrangements with certain training schools for training your nurses to go out into workhouses, in some places they are trained for one year and in other places two years, are they not?—Yes.

623. Do the nurses on leaving the training schools have any certificate?—Some of them do; Bolton gives a certificate. (I forgot to mention Bolton before). Bolton gives a certificate for one year's training; I think that is the only one that gives them a certificate.

624. Would a certificate be so worded as to show that it was only an incomplete training?—It shows exactly the length of time for which a nurse has been trained. The Association also gives a certificate, which clearly shows the time of training—one year or two years as the case may be.

625. Do any of your nurses proceed to a full training subsequently?—Well, some have begun over again entirely. A few have placed themselves as probationers over again and gone the whole thing over again. But more often they try to complete their training by another year or two years, where there is a resident medical officer. In some few cases we have given a three years' training; that is to say, the nurse has got through her two years, and has asked to be allowed to remain for three years.

626. Have you sent out any superintendent nurses under the Order?—Yes, we have, a few. Many of our nurses who have had one or two years' training, and several years' experience in a sufficiently large union, have been appointed.

627. Have you any suggestion to make as to the qualification of superintendents, as laid down by the Order?—Do you mean what do I think would be sufficient training for these nurses we are speaking of?

628. Are you satisfied with the wording of the order as regards the qualification for a superintendent nurse, or do you suggest any alteration?—We suggest that a nurse should be called a trained nurse who has received a two years' training in a hospital of not less than 200 beds, with proper courses of lectures. The training should be both theoretical and practical, but there should not of necessity be a resident medical officer—provided the instruction is given we think it is not important whether the officer sleeps on the premises or not.

629. Would you make the possession of that certificate a sufficient qualification for a superintendent nurse?—We think the superintendent nurse should have had not only two years' training but a further year's experience in a hospital of not less than 200 beds.

630. You would relax the stringency of requiring a resident medical officer?—Provided that the proper lectures took place.

631. How would you guarantee that the proper lectures would be given?—The medical officer would undertake to give the lectures whether he were resident or not.

632. Would the medical officer's lectures be sufficient of themselves to form a training?—I do not understand; the resident medical officer gives the lectures now.

633. But do you think a medical officer lecturing daily would necessarily make a qualified nurse by his lectures alone?—But the nurse would have training in the hospital wards just as she does now.

634. But would you retain any guarantee that this was sufficient if you relax the stringency of the requirement of a resident medical officer?—We understand that the resident medical officer who now gives the lectures would give the lectures just the same if he were not resident.

635. Would there not be a fear that any relaxation of the standard of training by the Local Government Board would tend to react generally?—That I cannot say. We have considered that that would be sufficient; I do not know whether it should be relaxed or not.

636. You have not considered what the effect might be on the training at all?—The two years is accepted for Army nurses, and therefore it ought to be sufficient for the Poor Law.

637. Do you lessen the period of training in order to increase the supply?—We consider that this is sufficient.

638. Have you any suggestion to make as to the qualification and training for probationers in addition to what you have already told us?—No.

639. Have you considered the possibility of training local women to serve in country workhouses?—No.

640. What I mean is that, as town women object so very much to go into country workhouses in a remote and unattractive part, would it not be possible to get somebody from that locality and train her to serve in that workhouse?—That point we have not considered, besides it is good for the nurses to get wider training.

641. I mean can you not take the nurse from the locality, train her in one of your schools, and return her to the workhouse in her own locality?—I think that would be a question for the locality; we do not know the people in the locality to begin with.

642. I understand that your nurses whom you supply promise to work for three years in a workhouse. Can you tell me what proportion of them keep that promise?—Nearly all of them.

643. What inducement is there to them to keep it?—They are supposed to refund £20, or a proportion of £20, if they fail. As a rule a few break their agreement, and do repay it.

644. Do you give any bonus for those who serve for any length of time?—No.

645. Do you advertise largely for probationers?—No, we have a standing advertisement in the "Hospital" once a fortnight.

646. Do you ever advertise in the Scotch papers?—

No, only in the "Hospital." You see we get more candidates than we can afford to train from that.

647. What would happen in the case of a nurse being dismissed by a Board of Guardians?—That is final; it has happened.

648. Notwithstanding being bound by you?—We accept their decision as final, and of course she does not have to pay the fine.

649. Do you contract to find her employment?—That is a difficult question. It has never occurred, because we have so many more demands than we can supply.

650. Do you undertake to find employment for three years?—Yes.

651. You have not had a case where you have not been able to find employment?—No; but if nurses were kept waiting, they would be paid a salary until employment was found.

652. Have you had any cases where nurses have not been able to keep their appointments and have been continually returned?—No, we have been singularly successful in that way. You were asking me about being dismissed. I remember only one case, and that was before she had completed her two years' training.

653. Supposing there is a forced resignation—what would be her position then?—You mean where she was advised to resign for her own benefit. The Association would hear what the nurse said, and also the other side, and in offering her to another Board of Guardians I should do as I have done in one case, state clearly what she had been charged with in the previous union, and ask whether she could be accepted for a couple of months with a view to giving her a fresh start.

654. Have you any pension fund for your nurses?—No.

655. Do your nurses subscribe to the National Pension Fund? Is any subsidy given from any source to their subscription?—Not as far as we are concerned.

656. Do any Boards of Guardians make a subscription?—No, I have no knowledge of it.

657. Have all your nurses contracted out of the Poor Law Officers' Superannuation Act, or do some of them still continue?—Some continue, but I do not know what proportion.

658. Have you any observations to make on that subject of pension?—It is not a question that has come before the Association, and beyond the general fact that I recommend nurses to make provision for old age, I know nothing about it.

659. What would be regarded by you as a reasonable age at which a nurse's pension should be due to her?—I have not thought the matter out at all.

660. Have you any suggestions to make as to how the difficulty of obtaining nurses in small workhouses may be met?—Not beyond the alterations that we have suggested by our complaints—by increasing the holidays, giving more free time, better accommodation, and better food. Those four points would make workhouse nursing much more attractive. Also, we should make a great point in the smaller workhouses of defining more exactly the relative power of the master and matron and the nurse.

661. I was going to ask you whether you had any suggestion to make as to the relative positions of the master and matron and the superintendent nurse?—With regard to what I call small workhouses—not where there is a separate block—we should advise that the master is supreme, so to speak; that the matron controls the house, but does not interfere with the sick wards; that the superintendent is responsible entirely for the sick wards under the direction of the medical officer.

662. In a small place there would still be several departments in common, there would be a kitchen common to the two—to the house and to the infirmary—is not that so?—Yes; I think it is in many cases.

663. And also usually a laundry in common?—Then that would come under the matron, I should think. But I think that having been sent back from the laundry the supplies for the sick wards should be kept in the infirmary—not each individual sheet sent for to the matron.

664. Do you think with such a condition of things officers with tact and discretion ought to be able to manage?—Yes.

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665. If they do not, should you say Guardians might intervene and lay down regulations which may assist them?—Yes, I think so.

666. You have spoken of there not being enough helpers in the wards for menial work. Ward helpers are often supplied from the workhouse, and, as a matter of fact, they are usually chosen by the matron of the workhouse. Have you any suggestions to offer as to how to avoid that source of friction?—The suggestion I should make personally would be that the wardswomen might be sent during a certain number of hours, and be under the control of the superintendent nurse for the time being—become her servants for the time being.

667. But the matron would select them in the first place, and supposing the nurse considers the ward helper an unsuitable person?—If you are dependent on pauper ward helpers—I fancy that the matron must choose them.

668. Have you, as an Association, met with these difficulties?—If you are referring to wardswomen, I have found no difficulties in connection with it, except where the nurse has to do the work proper to them.

669. In your experience no difficulty of friction between the superintendent nurse and the matron with regard to wardswomen has arisen?—No.

670. And no difficulty as to laundry?—The difficulties have been that the supplies were not forthcoming—that makes me suggest that the supplies should be kept in the infirmary.

671. You have had difficulties as to the nurses' food?—Yes; but not as to the kitchens.

672. Nor as to the patients' food?—No; no instance. As to the nurses' food of that you will hear later on.

673. Have you had instances of complaints as to cooking?—I have had complaints that food was in some instances really bad, and constantly badly cooked, and that the nurses have been left to prepare their own dinners and so on.

674. You mentioned difficulties as to leave. In any cases where your nurses have been supplied, have the Guardians laid down any regulations as to leave?—In that case I should not know it, because it rests with the Guardians who employ her.

675. The Guardians may have laid down regulations, but you would not know of it?—No, unless the nurses brought it to my knowledge.

676. (*Dr. Fuller.*) As to the question of assistant nurses, have you any suggestions to make with regard to the position of assistant nurses. Would you propose to continue the term or abolish it?—The term "assistant nurse" is a very difficult one to define; in some cases everyone that is not a superintendent is called an assistant nurse; in others they train superintendents, nurses, and assistants all together. I cannot get an exact definition of that term. I think—I do not see any objection to it as expressing the first stage beyond a probationer—but I have not thought the matter out.

677. Would you propose to define an "assistant nurse" as having had less than three years' training?—No, I think it is more her experience.

678. As regards the training of probationers, would you suggest a universal term?—We should suggest that not less than two years be accepted.

679. Would you suggest a universal curriculum in which they should be trained?—It would be theoretical and practical, I cannot give any suggestions beyond that.

680. You say the Chorlton Guardians gave up training your probationers, what was their reason for that?—It was before I was secretary. I believe it was because they ceased to train except for three years, and we could not bind nurses to serve for six years; but I do not wish to make that statement as a fact, as I was not secretary then.

681. Did Chorlton give up paying probationers at that time?—I could not tell you.

682. Do you mean by unqualified nurses a nurse without any training or experience?—Not without experience, but no training.

683. Do you remember the Workhouse Infirmary Nursing Association petitioning this Board to recognise nurses who were being trained with them, or who had had service under the Association, but who had not had three years' training, and in some cases not having had any training, but experience. They asked this Board to recognise them as trained nurses where they were already appointed? That was in 1898?—I have heard that it did so, but I do not know.

684. Would you agree that this Board should exercise a discretionary power—that they should be able to recognise nurses without training?—I have already stated what we consider necessary for the training. I think that where nurses have had a certain amount of training and a certain amount of experience, I think it is advisable to use that discretionary power you were referring to.

685. You made a statement as to the hardship of untrained persons being put over trained nurses—have you any personal experience of that?—Well, I am not a superintendent nurse; I have had no experience of it whatever.

686. In reply to another question as to untrained nurses being appointed and receiving the same salary as trained nurses and performing the same duties, would you suggest that these persons were appointed as paid attendants or paid wardmaids?—So long as they are not called or treated as nurses, I have nothing further to say.

687. I mean this particular case you have mentioned, were these persons appointed as nurses or as assistants?—As I understand it, they were appointed as nurses.

688. Have you any suggestions to make as to regulations for defining the respective duties of masters and matrons?—No; I have no suggestions to offer on that point.

689. Have you had any complaints from any of your nurses as to friction between masters and matrons themselves?—Generally, I have not had any complaints—I do not recall any complaints such as you describe. You asked me as to petty acts of tyranny; I think I should include in that such things as withholding nurses' letters and parcels. One nurse writes to me: "Our letters and parcels are delivered to us now more promptly, but not until I had made myself objectionable about it."

689 (a). By whom were they withheld?—By the master.

689 (b). Not by an inmate?—As reported to me by the master. It might have been by the porter, but with the knowledge of the master, certainly.

Mrs. Hawes.

Mrs. HAWES, called; and Examined.

690. (*Mr. Grant Lawson.*) I understand, Mrs. Hawes, you are superintendent nurse at Rotherham Workhouse?—Yes.

691. You begin by saying that you find fault with the want of sympathy on the part of Guardians and their aversion to changes and improvements—have you had any experience of this aversion?—Yes.

692. That the Guardians show a want of sympathy with your work, and that they are averse to improvements?—That is my experience with the majority—masters and matrons show a great lack of sympathy with the nurse in her work.

693. And Guardians?—Guardians also show a great want of sympathy—we come very little in touch with

the Guardians—it would never do for us to apply straight to them.

649. (*Mr. Knollys.*) Therefore, with regard to Guardians, you have no grounds for the statement as to their want of sympathy?—Yes, in the Union where I am now—and it is one of the best—

695. I would rather not take a particular instance?—I think it is so in other unions.

696. I am anxious to know what are your grounds for saying so?—My experience is that there has been a lack of sympathy from Guardians to nurses when application has been made to them as to food, or for more time off duty—it has not been considered necessary. I think the majority of Guardians know so little as to the require-

ments of the sick, and are, speaking generally, influenced by the master and matron.

697. You say that there is undue interference on the part of the master and matron?—Yes, undue interference.

698. How would you propose to remedy that undue interference?—I think in unions where there are at least 150 beds it should be a separate and distinct administration, quite independent of the matron.

699. Therefore you do not include the master?—I think the administration of the infirmary should be left in the hands of the medical officer and the superintendent nurse and the master.

700. You suggest that the matron should have nothing whatever to do with it?—No.

701. As regards the infirmary, the superintendent nurse should hold the same position as the matron does in the workhouse?—Yes, exactly so; there should be a separate and distinct administration altogether. She should have entire control, subject to the master and the medical officer.

702. You speak of acts of tyranny. What kind of acts do you include in that, any particular acts?—Not supply suitable workers for the sick wards; keeping you short of working utensils; bed and body linen; keeping the nurses short of appliances. You have to make many applications before you get them, and they raise many objections perhaps every time.

703. With regard to rudeness, must we not say that this is more a matter of temperament than of rules? Anybody can be rude in any position, and a good man will not be rude in any position; therefore, it is not the fault of the regulations, but because he is not a good master?—But matrons still have power—untrained matrons—many of them have been portresses or laundresses, or in some subordinate position. They are appointed as matrons; they have no knowledge of the sick or of sick wards, and yet they still have power, so they say, to interfere with the arrangements of the hospital.

704. You propose to meet them by making the superintendent nurses entirely separate from the matrons?—Yes.

705. But how as regards smaller workhouses?—I think the nurse should be solely responsible to the medical officer for her patients. In very small ones where there are perhaps only one or two patients, a special nurse might be sent for, for the time being, if an acute case should arise, and let the master and matron have the entire charge of the aged and infirm, with paid attendants.

706. Would you suggest that there should be a trained nurse got in in special cases?—Yes.

707. In addition to the trained nurse, if there is one?—Yes, if necessary.

708. Would you still suggest that there should be a trained nurse?—If the numbers were sufficient.

709. But is not that the whole point—where the difficulty begins—supposing you have 26 bedridden old people?—I think it is very important that there should be a competent nurse.

710. Do you suggest that there should be a trained nurse?—Yes, both by day and night if there are 26 patients.

711. But suppose there are only five?—I think there should be a trained nurse to look after five.

712. And that she should be under the matron?—That is just where the difficulty arises. I think she should be solely responsible to the medical officer.

713. Not under the matron?—No, unless she is trained, she can have no sympathy with the nurse in her work.

714. Now, with regard to the supply of medical and nursing appliances—they would be actually got from the workhouse stores—how do you propose they should be got?—I still think the master should be recognised as master, as if he is a competent man he will be a great help to the nurse and the medical officer. It is very important that these things should go through him. It has occurred to me that the stores might be sent out in quarterly supplies.

715. And that you should requisition him for them—that the superintendent nurse should requisition the

master, you say?—Yes, for working appliances, not for nursing appliances. Nurses' appliances should be sent through the Medical Requisition Book.

716. Through the master?—No; I think there should be a separate Nursing Committee for the infirmary where it is sufficiently large.

717. And in small places?—There should be a special book, and they should come through the medical officers.

718. Do you suggest any arrangements to prevent the mutual jealousy between officers of the house and the hospital to which you refer?—I think the two departments should be separate; there really should be no connection between them—they ought not to come in touch with each other. I find myself there is very little co-operation between the masters and matrons and nurses in the different unions.

719. (*Dr. Downes.*) I see, Mrs. Hawes, you are the superintendent at Rotherham?—Yes.

720. Have you had any previous experience?—I was superintendent nurse at Gateshead Workhouse for two years and four months, two years before that head nurse at Nantwich, in Cheshire; previous to that two years, sole charge nurse at Cockermouth, in Cumberland.

721. What is the general practice with regard to superintendents reporting? Does she keep a report book, as a rule?—Yes.

722. And to whom is it presented?—To the nursing committee. I understand that generally there is a report book, and that it is submitted to the visiting committee.

723. Does not that tend to bring the superintendent nurse in touch with the Guardians?—In large unions it would be so undoubtedly.

724. Is that report presented to them direct?—It should go direct, and I believe it does, though not in every case.

725. You would prefer that it should go direct?—Yes.

726. Would it not be desirable that the master should know what is being reported?—Not if it applies to the sick.

727. You would draw a distinction?—Certainly.

728. Should the medical officer know?—Certainly, yes.

729. And would you not present that book through the medical officer?—Yes, perhaps it would be advisable; but it is open to the medical officer's inspection daily.

730. You agree that it should go through the medical officer?—Yes.

731. When the visiting committee come round, does a superintendent nurse usually accompany them?—Yes, and the master.

732. That would tend to bring her in touch with the Guardians, would it not?—Yes, but she cannot very well speak about anything concerning her wants or difficulties at such times.

733. In your experience, do Guardians usually lay down rules for the nurses?—Yes, they do.

734. Would you consider that to be desirable?—Very desirable.

735. How would you have cases of extra leave dealt with?—I think the superintendent nurse should have power to grant the nurses extra leave.

736. And should she report the extra leave so granted to the master?—If it is only for a short period it is not necessary; but if it is for more than one day it should be reported to the master, so that he may know what officers are in and who is out.

737. I think you said you would prefer to have the stores for the infirmary issued distinct from the stores for the house on the requisition of the superintendent nurse?—Yes.

738. In the smaller hospitals would there be accommodation for separate stores?—My experience has been that there is sufficient accommodation.

739. You spoke of quarterly issues; would that apply to large unions?—To unions where there were over 150 beds.

740. In the smaller unions the supply would have to be more frequent?—Yes.

Mrs. Hawes.

741. Do you know of any instance where a superintendent nurse has had to give security for stores?—No.

742. Should she be required to give security?—Yes, I think it would be advisable.

743. You see no objection?—No, none at all.

744. In the same way as matrons would have to give it?—Yes, quite so.

745. Have you any practical suggestion to give us as to the question of kitchen and laundry, which I mentioned to Miss Kett?—I do not see how they could be separate in the smaller unions.

746. They would have to be under the control of the matron?—Yes.

747. What would you do in the event of any difficulty as to the supply or quality of food or the cooking?—I should report at once to the master.

748. Have you found in your general experience that the food has been lacking in quality?—Yes, frequently.

749. Have you any suggestions that you could give us as to how that might be remedied?—I think a more liberal diet should be allowed. The food for the nurse is often sent to her uncooked in a small workhouse, and she has to cook it herself as best she can.

750. (*Mr. Knollys.*) But is not the food frequently sent uncooked by the nurse's own wish?—Not that I am aware of; it certainly was not my wish.

751. (*Dr. Downes.*) Do you think the nurses should have a mess room?—Yes, and a suitable person to attend on the nurses, under the supervision of the superintendent nurse, and not under the house matron, as is generally the case.

752. You would not approve of uncooked rations being sent to nurses?—Where there is a staff of nurses I think the rations should be sent uncooked, and a competent person appointed to cook for them.

753. You would not approve of single nurses having uncooked rations sent to them?—No.

754. Who settles the nurses' rations, in your experience?—The Guardians generally, through the master. Extras are often left to the discretion of the master.

755. Do you know of any cases where nurses have appealed to the Guardians?—I cannot say that I have.

756. It is open to them to do so, is it not?—I suppose it would be.

757. Have you any suggestions to make to us on the training of probationers?—It is very necessary they should go to a proper training school. They cannot be successfully trained in the smaller unions, because you cannot get the variety of work.

758. And you would thereby run some risk of lowering the standard of qualification?—Yes; seriously.

759. Have you any observations to make as to the qualification for a superintendent nurse as laid down by

the Order, that she shall have undergone not less than three years' training in a training school for nurses which maintains a resident medical officer?—I think that is very essential.

760. (*Dr. Fuller.*) I want to clear up one point. In reply to Mr. Knollys you said that the medical officer should be responsible for the administration of the sick wards where there were 150 beds or more, do you mean to use the term "medical officer" as distinct from the workhouse medical officer?—I should have the infirmary separate from the house where there are 150 beds under the sole control of medical officer and superintendent nurse.

761. Would your medical superintendent be the visiting medical officer—not necessarily a resident?—I think where there are 150 beds there should be a resident medical man.

762. As to the number of patients, how many would you say there should be to each nurse?—About 25 where there are chronic cases. This would average about 8 bed cases.

763. Have you any information to give us as to the nurse in small workhouses being engaged in duties proper to ward attendants?—In the majority of county unions the scrubbing and general cleaning is done chiefly by the nurses.

764. Do you know whether that is done?—Yes.

765. Then as regards the smaller workhouses—you have had experience in workhouses not appointing a superintendent nurse. Have you had any case of friction or unpleasantness with the master and matron?—Yes, I have been kept short of bedding and many other important things; in that case both nursing and patients were very unsatisfactory.

766. Why was this?—Reasons various.

767. Did it depend upon the individual, or did it depend upon the union?—I should think on the management of the union generally.

768. In the smaller unions would you suggest that the nurse has sole control as regards the sick wards?—I should suggest that in the smaller workhouses the sick should be removed from the workhouse and sent to a district hospital.

769. In the two places where you have had experience, would you suggest that it should be done there?—Yes, in my first appointment at Cockermouth, 1893. My later posts have all been unions large enough to support a resident medical officer.

770. Where would you send them?—To some general State hospital, let unions combine together.

771. How would you remove an acute case arising in the workhouse?—By ambulance, in the usual way.

772. But most rural workhouses are workhouses for a very large area; how would you propose to get over that?—I do not quite know.

Miss Marshall.

MISS MARSHALL, called; and Examined.

773. (*Mr. Knollys.*) Miss Marshall, you are, I think, the nurse at Lichfield Workhouse?—Yes.

774. How many nurses have they there?—A superintendent and two assistant nurses, and a nurse who comes in from the town when we are very busy to help us with the night work.

775. You say with regard to supplies that they are frequently withheld by the master and matron. Have you had any personal experience of that?—Yes, I have.

776. How do you suggest that it should be remedied?—I think the supplies, as far as possible, should be kept in the sick wards, and the nurse should be responsible for them. Not such things as trusses and linen, that is different, I think.

777. They should be kept in a store under the control of the nurse?—Yes.

778. But with regard to more expensive nursing appliances, you would not include these?—No, only ordinary requisites in every day use. I think these should be within reach of the nurse; the nurse should not have to apply to the master for everything, and only get it if he pleases to let her have it, or have to make a battle before he lets her have it.

779. Then as to the imbeciles and feeble-minded?—I think there ought to be a separate place for them. They

ought not to be among the sick and infirm, or in the sick wards.

780. And not under the care of the nurse?—No.

781. You complain of having had the care of these in the sick wards?—Yes.

782. And have there not been imbecile attendants?—There have been imbecile attendants at the house, but they have sent these to the infirmary where there were none.

783. But have they not been sent there because they were sick?—Sometimes, but generally because they were overcrowded.

784. Do you propose to draw a distinction between the sick imbeciles and the ordinary sick patients?—I do not think they should be kept together.

785. But if they are proper cases for the sick wards, do you see any objection to their being placed in the sick wards?—Not if they are not noisy.

786. As regards epileptics—have they been sent to the sick wards in your experience?—Yes, they have.

787. Simply on account of their being crowded in the house?—Yes.

788. With regard to food, what do you propose with regard to that?—I think it should be properly cooked,

and a little more variety in it; in my experience we have either had to cook it ourselves or leave it to an imbecile; there was not a proper cook at the workhouse.

789. Then the master and other officers would have to put up with the same kind of cooking?—We had to do the best we could, this woman was in the kitchen, and we had to leave it to her care, and consequently it was often burned and not fit to eat.

Miss ANNIE LEE, called; and Examined.

793. (*Chairman.*) I think, Miss Lee, you are the secretary of the Meath Workhouse Nursing Association?—Yes.

794. Have you been secretary for some time?—Since it was started—in 1894.

795. Can you tell us whether its name was always the "Workhouse Nursing Association," or had it at first some other title?—It was founded in the year 1894 by the Countess of Meath, under the name of the "Workhouse Attendants' Association."

796. And the idea then was to get a class of women somewhat below the nurse—less trained than a nurse, was it not?—Yes, it was. The object was to train trustworthy persons for the care of the aged and infirm in workhouses, in order that they might supersede the pauper wardswomen who had before been used.

797. You devoted your attention, did you, to the care of the aged and infirm, apart from those acutely sick?—Yes. But when the Workhouse Infirmary Nursing Association gave up training, the demand for nurses increased. With your permission I will now read, and afterwards hand in, a statement which I have prepared on the subject.

"The Meath Workhouse Nursing Association was founded in the year 1894 by the Countess of Meath under the name of the 'Workhouse Attendants' Association.' Its object was to train trustworthy persons for the care of the aged and infirm in workhouses, in order that they should supersede the pauper wardswomen, whose unfitness was the cause of so much misery to the inmates.

"The demand for our attendants increased, and they were placed in, and rose to positions of such responsibility, under the Poor Law, that it was considered necessary to extend their training to one year, and in most cases to two years and sometimes three years. The name of the association was then changed to that of the 'Meath Workhouse Nursing Association.' Since its commencement the association has accepted 177 probationers, and 93 of them have obtained Poor Law appointments. About 56 probationers are at present in training for the work. The demand for our nurses increases, and we are often unable to send nurses when asked for them by the clerks to the Boards. We have very satisfactory accounts of their work. They very rarely give up their appointments on account of the dulness or monotony of their lives in country workhouses. But they do complain of some conditions of their work, which might be altered, and which constitute some of the difficulties of their retaining their appointments.

"The following objections have been raised by them:—

1. Waiting on tramps, and going from them to lying-in wards.
2. Too short holidays.
3. Too long hours.
4. Overwork.
5. Fault of character in master and matron.
6. Continual changes and discomfort.
7. Character of other nurses.
8. Placed under untrained nurses.
9. Nurses' lodgings ten minutes off the workhouse.
10. No medical or surgical appliances, dirty linen used for dressings.
11. Nurses three and four in a small bedroom. No sitting room.
12. Lunatics and imbeciles placed with other inmates and annoying them."

(*Hon. Mrs. Egerton.*) You will understand that all

790. You think that a proper cook should be appointed?—Yes.

791. And your experience is that proper cooks are not appointed in workhouses?—No.

792. But that all other officers in the workhouses have, as a rule, to put up with the same cooking as the nurses?—Yes, I think they have.

these do not apply equally to all workhouses—they are complaints received from different nurses in different workhouses.

(*Miss Lee.*) "Also general regret is expressed by most of our nurses that no matter how many years they work well and faithfully under the Poor Law they have no certificates and no status amongst nurses, unless they undergo a three years' training in an infirmary or hospital. If for these particular nurses, who are so much in demand, the Local Government Board would give a special badge and certificate calling them after two or three years' service Local Government Board nurses or attendants, I believe that they would be satisfied. What they want is recognition as a body.

"It stands to reason that if they were to receive three years' training in a recognised training school, they would not be likely to offer themselves as assistant nurses in workhouses, the work being too monotonous, and the life too dull, and the salaries too low for fully-trained and certificated nurses. A special status and certificate, and a fair salary, is wanted by these nurses, who, having been previously trained in approved institutions, have served faithfully for two or three years under the Poor Law."

(*Hon. Mrs. Egerton.*) They have been trained in some nursing institution, but not one which gives them a certificate.

"It seems that plenty of candidates would be forthcoming for such appointments. The best candidates are those who have already had not less than one year's training in some recognised nursing institution, which is in itself a test of character."

798. I suppose the number of nurses you can produce through your association is limited by your funds, is it not?—It is.

799. Can you get as many women as you want; is the supply sufficient?—The supply is sufficient provided we pay their expenses up to town—it all turns on that. The best recruits live at a distance from London. Those who live in or near large towns know too much about nursing certificates to offer themselves for this work.

800. You draw your recruits mainly from the country then?—Yes, all our best probationers come from the country, but we do not refuse London ones.

801. What do you do for them; do you pay the expenses of their training?—Yes.

802. In return for that are they bound to serve?—Yes.

803. For how long?—If we give them two years' training they are bound to serve for one year; if we give them one year's training they are bound to serve for two years. Recently all probationers have signed for two years' service.

804. Under the Poor Law?—Yes.

805. You said you had accepted 177 probationers, and 93 of them took Poor Law appointments; what became of the others?—Fifty-six we have at present in training; one died, and two married; a good many were unsuitable, and were rejected after six months, generally on account of some flaw in their character.

806. None of them went to other nursing?—No, none, as far as I know.

(*Hon. Mrs. Egerton.*) Some of them might have gone after they had served their time.

807. (*Mr. Knollys.*) But I was speaking of the probationers; you find that they do carry out their contract, do you?—Yes, they do. One whom we had trained at Birmingham made off to America, but that is quite an exception; she wrote a very penitent letter.

808. You say the object of the Association was to nurse the aged and infirm; have you chiefly that object

Miss
Marshall.

Miss Annie
Lee.

Miss Annie
Lee.

now?—The object now is to supply nurses as quickly as we can to meet the demand.

809. What are your requirements as to training; how much training do you consider sufficient before putting them out in the Poor Law service?—In some instances we train for two years. The Sisters at St. Peter's, Kilburn, who train 14 probationers for us, keep them for two years. They get experience there with women and children, and we are careful on first placing them out to put them under a good nurse, so that they can, as it were, complete their training after they have entered the Poor Law service.

810. Your probationers are trained at places like St. Peter's, Kilburn, are they? Where else are they trained?—I will give you the list as completely as I can. The General Hospital, Worcester; St. Peter's Home, Woking; the Home for Invalids, Highbury; St. Peter's, Kilburn; the Chest Hospital, City Road; the Children's Hospital, Dublin; the Birmingham Hospital; the Stoke Newington Asylum for Invalids; the Nottingham Hospital; the Halifax Infirmary; St. Lucy's Home, Gloucester; St. Joseph's Hospital, Chiswick; one or two in Bethnal Green Infirmary; Moseley Hall, Birmingham; the Crumpsal Infirmary, Manchester; the Royal Hospital, Sheffield.

811. How are these places selected; do you require that they should have a resident physician?—No, but we give the preference to one that has.

(Hon. Mrs. Egerton.) You see, we do not pretend that they are qualified as superintendents?—The probationer at Sheffield is sufficiently trained for a superintendent, but that is an exception. The object of the Association was not to provide superintendent nurses, but to supply assistant nurses. Their qualifications depend on the institution in which they have been trained.

812. How do you get recruits for your Institution; do you advertise in the country papers?—We advertise in the "Hospital" only.

813. I suppose many of them are recommended to you by members of your Association?—No, most of them come from advertisements in the "Hospital."

814. Do you find that the numbers applying are falling off?—No, they are rather increasing, but we do not pay the expenses up to town sufficiently. If we wanted to increase the numbers we should have to pay their expenses up to town, because we insist on a personal interview.

815. You find, then, that you have an unlimited supply?—(Hon. Mrs. Egerton.) Yes, but they may not all be suitable?—About one in ten of the applicants are suitable.

816. What are the main causes of unsuitability?—Mainly character.

817. But do you not require a character before you arrange for the personal interview?—Yes, we ask for references, but we cannot depend upon written references.

818. Do I understand that you reject nine out of ten of those who apply, or nine out of ten of those you interview?—We reject about nine out of ten of those we interview.

819. Do you have any difficulty in retaining your nurses in special workhouses?—I have here a list of letters received during the last month showing the difficulties the nurses have to contend with. I have enumerated them in the summary already given. I have letters on all these points from our nurses.

820. These difficulties are set out in the paper you have put in?—Yes, but we do not wish to raise a difficulty against any special workhouse.

821. Is there any particular workhouse that you wish to raise an objection against?—There is one particular workhouse, but we have just sent three nurses down to take the whole thing into their hands; the matron has been put aside, and we have placed three nurses there who are now doing their very best, and I think they will succeed in improving matters.

822. Then I see another point that you wish to raise is, that there is a difficulty in consequence of uncertificated nurses not being recognised?—Not being recognised is a great difficulty with nurses under our Association; they are nobody in the nursing world. One of them some time ago rose to be matron of an infirmary, but as she had no certificate she had no standing with the nurses; she therefore went to Kingston In-

and began over again as probationer at £10 a year, binding herself for three years.

823. Does your Association think that one of your nurses would be qualified to undertake the charge of a small country workhouse?—There are a few amongst them who would be; it depends on which Institution they have been trained at, and the number of years they have been trained. The best institutions do not take them for less than two or three years.

824. Your Association consider, I see, that the probationers should have at least one year's training in some approved nursing institution as a test of character before they are eligible for a Poor Law nursing appointment; is that the opinion of your Association?—That is my opinion; that has not been before our Association.

825. (Mr. Knollys.) I understand you to say that there are great difficulties in obtaining nurses. Can you say exactly how these difficulties have come before your Association?—We have had letters from clerks to Boards of Guardians asking for nurses, and we have been unable to send them.

826. Has that been because the supply you had at your disposal is inadequate?—Yes.

826*. Have you had requests to supply nurses to large town workhouses, or have all your applications been from country workhouses?—May I read the names of places to which we have sent our nurses.

827. I think it would do if you told me whether you had had applications from town workhouses?—Yes, we have had them from town workhouses.

828. Have you had any difficulty in supplying those?—Yes.

829. Because you have not had nurses available?—We had not a sufficient number available.

830. Does that apply only to country workhouses, or to large town workhouses—I mean large towns, such as those in Lancashire and Yorkshire?—We have had applications from Hungerford, Oxford, Totnes, and Plymouth; and we have not had nurses enough to supply them; also from other towns.

831. You have had applications from these workhouses, and not nurses enough to enable you to supply them?—Yes.

832. So that you consider your supply is equally inadequate for large town and country workhouses?—Yes.

833. I want to know how you train; you place your nurses out, as I understand, in certain workhouses or in certain institutions for training; you obtain the names of those institutions which would be willing to take nurses sent by you?—Yes.

834. And you send the nurses there for training without an application from the institution?—Sometimes they apply to us. If one of our nurses is taken away for a Poor Law appointment, they apply to us for another to replace that one.

835. Quite so; but you have a right to send them there for training if they do not apply?—We have not the right, but we often wish to send them there.

836. And you do not profess to give them more than a certain amount of training—at the most one year?—At the most three years; generally two years, and often one year.

837. They quite understand that if they have not had the three years' training they will not be qualified for superintendents, do they?—They quickly learn it—they do not always understand it when they start.

838. When they come to know that do they give it up—do they object to continue in the training?—They do not give it up, but they write back and say, "I wish I had had a longer training."

839. Are these places where they are trained, recognised training schools for nurses?—The majority of them are not.

840. Now what do you consider is the real reason for the difficulty in obtaining nurses; can you state generally what you consider is the reason for this scarcity, and how the difficulties might be met?—I think workhouse nurses want a special certificate and status of their own, independently of the nursing world.

841. They want a certificate that they have been trained as workhouse nurses?—Yes, they want to be recognised as a body.

842. Are you proposing that the Local Government

Board should give them some sort of certificate?—I think that would satisfy them.

843. They have been trained, although not thoroughly trained?—They may be thoroughly trained as workhouse nurses.

844. Therefore you recognise that there should be two grades of training?—Two standards, yes.

845. With regard to complaints that have been made that they are required to wait on tramps, is that a common complaint?—In three instances I have had it.

846. Are these the only instances that have come before you?—I could not be quite sure whether they are the only ones.

847. It is very unusual that nurses should be required to wait on tramps; they might have to attend on sick tramps—there is a great difference between the two—a nurse might well be called upon to attend on sick tramps?—What they object to is “the washing of filthy tramps,” and going straight back to the lying-in wards. The nurse refused to do it in the end, and I hope she will not be called upon to do it again.

848. But suppose a tramp is taken seriously ill, should not the nurse be called upon to attend then?—Not if she is employed in the lying-in wards.

849. That is your objection then; they would not object if they were taken from the ordinary wards to attend to tramps?—Two nurses have objected to being taken from ordinary patients.

850. Therefore they object to attend on sick tramps in any circumstances?—Not if it does not interfere with their regular work.

851. Now as to holidays; what do you say about that?—They say two weeks is too short a holiday; they ask for three weeks.

852. As regards the hours—several complain that they have too much to do?—Yes.

853. Do you mean too many patients to attend to, or too long hours?—I have had both complaints.

854. Have you any idea as to what you would consider a fair number of patients?—I do not know enough about it; I know one nurse had 97 patients, and she was one of the nurses who had to attend to the tramps as well.

855. Have you formed any opinion as to how long the hours should be?—No, I cannot give an opinion upon that.

856. You say there is so much difficulty in getting out for exercise?

857. They think it might be managed by arrangement?—Yes, I think it is a matter of arrangement.

858. Have you had any complaints of the want of surgical appliances?—One, but not many.

859. With regard to nurses' quarters; have you had any complaints about that? That they are required to sleep two or three in a room?—Yes; one nurse says, “It is a very small room for three or four nurses, and no sitting-room—nowhere to write a letter.” That is one instance; it is not general.

860. Then you say that if your nurses were properly trained they would refuse to work as workhouse nurses?—I think so, if they were fully certificated, according to the present nursing standard.

861. If they had a three years' training?—Yes, I think they would refuse to go to our workhouses.

862. They consent to go there because they feel they cannot get better work?—They feel they are qualified for that work, and can get it.

863. They may be regarded as a sort of lower grade of nurses?—I do not think they are necessarily lower because they are not certificated—only lower as far as the certificate goes.

864. What class of people are they mainly drawn from?—A good many farmers' daughters and upper class servants have taken to it.

865. Would you say that they are suitable for small country workhouses rather than suitable for large town workhouses?—I think they are very suitable for country workhouses.

866. Have you gone into the question at all as to what training should be necessary for a fully trained nurse, or has it not come within your work?—No, not much.

867. (*Dr. Downes.*) I think you said, Miss Lee, that most of your candidates came from the country?—Most of our best ones.

868. You have a certain difficulty in getting your recruits to come up to town for examination, have you not?—Yes.

869. Do many of the members of your Association reside in the country?—No; it is a very small committee, and very few of the working members reside in the country.

870. Have you considered the possibility of establishing local country centres where you could have your recruits examined?—It has been merely discussed, but we have not tried it.

871. Have you any county centres?—No, we have not.

872. Have you considered the possibility of obtaining local women for training, who would afterwards serve in the workhouses in their own districts?—The Association have considered it, but they have not acted on it.

873. Are you aware of any difficulties in such a proposal?—No.

874. Would you approve of such a suggestion if it were carried out?—I think it would meet the difficulty to a great extent.

875. Does your Association supply any nurses for the outdoor sick?—Never.

876. With regard to the difficulties which you mention, I think you would agree that many of those on your list are difficulties which it is within the power of the Guardians to remedy?—Yes.

877. Have you found that representations to the Guardians have had effect generally in getting those difficulties removed?—Very slowly.

878. Do you make representations to Guardians in cases where you find those difficulties?—We do. In one case we did so and our nurse was obliged to resign in consequence, and no alteration was made.

879. What complaint was that?—I will read the letter: “There were 60 and upwards of patients, men and women, and a head nurse of 25 years and myself, who were to take night and day duty every alternate week. The one on day duty got one afternoon a week, whilst the night nurse got up at two, at which time she was to take the duty until the following morning at 8 a.m. On that afternoon she had to do the bathing, male one week, at which an old inmate nearly 70 years old assisted, and, of course, next week the female side was done. The nurses' sitting-room contained a bedstead, a large wooden washhandstand, and a wardrobe in which we kept our food, including the piece of bacon which was to last two weeks, and the butter to last one week, and in the bottom the things necessary for cleaning the room and the wood for firing. The food was very bad. One night when I came on duty at 8 p.m. they sent me a pudding for dinner. It was baked sago made with water and no sugar, and several pieces of nearly raw apple in it. It smelt mouldy to me, but I could not really say that was so. The inmates seemed so unhappy, they were always crying, some of them were imbeciles, and one or two were really dangerous lunatics. They often pinched and scratched me, and one said she would murder me, and yet they were with the others. They were at times very noisy, and kept the other poor old things awake. There were several young girls there from 16 to 24 years of age; one had been there 16 months, she had been to Brentwood Asylum, but with the exception of not being sharp she was to my idea quite sane, and yet she had never been out for a walk once during that time, and yet she worked about all the week, scrubbing, etc.”

880. (*Chairman.*) It was a complaint of overwork and bad accommodation mainly, then?—Yes; also there was not sufficient help, especially in the male wards.

881. (*Dr. Downes.*) Did you supply any more nurses to that workhouse?—No, we did not. We offered one whom we thought would be suitable, but she was refused.

882. With regard to the training of your nurses, do you pay any premium for training?—Yes, up to £20.

883. Do you pay at Bethnal Green Infirmary?—No, but we are not using that at present.

884. And at Crumpsall?—Yes, up to £20.

885. In any of the institutions where your nurses are trained, do they pay the probationers?—One has recently begun to do so.

Miss Annie Lee.

*Miss Annie
Lee.*

886. You suggested that the recognition of your nurses as a body would be acceptable to them?—Yes.

887. And you suggested that they might be called "Local Government Board nurses"?—Yes.

888. Would not that rather tend to indicate that they were the servants of the Local Government Board?—I am not particular what name they have so long as they have something distinct and separate from the nursing world.

889. Again, if they were called workhouse nurses, might not that imply that a lower standard of nursing was accepted in workhouses?—It would depend upon the nurses—what character they brought to bear on the certificate.

890. Do you see any objection to the term "Meath nurses"?—No, that is the term our Association uses, and by which our nurses are generally known. They ask for a status independently of the nursing world, and for a certificate.

891. I think you said that if they had three years' training there would be a tendency for them to go elsewhere?—Yes, I think so.

892. But if a status were established, would they not then begin to go elsewhere than into workhouse nursing?—I do not think so.

893. What is their object in asking for a status independently of the nursing world, have you gathered that?—They are not now recognised as nurses, however many years they have served.

894. Do you suggest any alterations in the regulations as to the qualifications of superintendent nurses? You are probably aware of the Nursing Order, which lays down what those qualifications shall be?—I do not know much about it.

895. Have you any suggestion to make as to the relative positions of master and matron and superintendent nurse?—No.

896. (*Dr. Fuller.*) Do you know of any other causes of complaint as regards the difficulties of a nurse's life in small workhouses?—I have enumerated the chief ones, there are others, but those I have mentioned are the major complaints.

897. Have you any information as to nurses being obliged to delegate their nursing duties to pauper ward attendants?—No.

898. Do nurses complain to inspectors about the want of surgical appliances?—No, I cannot get them to do it.

899. What is the reason they do not do so?—It is not the custom, I think, I have written myself to inspectors.

900. They prefer to complain to you rather than to inspectors?—Yes, and they prefer their names not to be mentioned.

901. Have you any suggestion as to the reason why they do not complain to the inspectors?—It puts them out of favour with other officials.

902. Were those complaints of having to wait on tramps recent ones? Have they happened within the past six or 12 months, or are they older than that?—

We have had them, I think, within the last three months.

903. As regards the long hours, is it the length of time on duty day by day, or is it that they are a long time on duty without having leave?—It is the time on duty day by day.

904. Have you had any complaints as to friction between the master and matron and the nurse?—We have had one case in which the matron of the hospital drank.

905. Is it a fact, then, that out of 93 nurses you have in the Poor Law service, you have had only one complaint of friction between the master and matron and the nurse?—I have had three, I should think.

906. Have you any suggestions to make as to the grades of nurses that you propose?—I think the two years' training is enough, it gives them sufficient training without giving them the full certificate.

907. Some of your nurses complain of the hardship entailed upon them because of the short period of training, do they not?—I think they would be satisfied if they could get a certificate from the Local Government Board.

908. I thought the hardship was that they could not apply for a post as superintendent nurse?—They do not all want to be superintendents; they are satisfied with their work, but they want to be recognised.

909. What is your object in advertising only in the "Hospital"?—So as not to spend too much money.

910. Does it circulate amongst the class of people you wish to get?—It does as well as any other paper.

911. But does a professional paper circulate among the people you wish to get?—It seems to do so; we have a fair number of applicants from it.

912. (*Dr. Downes.*) Do your nurses subscribe to any pension fund?—No, they do not.

913. Do they contract out of the Poor Law Superannuation Fund as a rule?—I have heard of their doing it in some instances.

914. (*Mr. Knollys.*) Do you ever supply attendants now as opposed to nurses?—No, we do not use the word "attendants" now.

915-6. When you do supply them, do you ever formulate their duties?—No, we leave that to the Guardians.

(*Mrs. Egerton.*) We find that the people who are inclined to go into nursing consult the "Hospital" when they think of going in for it. We do not want to attract the passing fancy of people who read the ordinary papers; that is one of our reasons for keeping to a professional paper.

917. (*Chairman.*) Do you think that if you had unlimited funds you could get unlimited recruits?—I think we could if we spent our funds in different centres over England. I do not think we could work it from London.

918. But you think you could get them if you had unlimited funds?—I cannot say for certain, because we have not tried it, but we think there are plenty of good candidates to be had in the country, as we have many and continual applications by letter from country districts.

The Honourable Mrs. EGERTON, called; and Examined.

*The Hon.
Mrs. Egerton.*

919. (*Chairman.*) You have come, I think, Mrs. Egerton, from the Meath Workhouse Nursing Association, have you not?—Yes, that is so.

920. You are a Poor Law Guardian yourself, are you not?—Yes.

921. Have you been a Guardian for some time?—Yes, for seven or eight years, ever since the new Act came in, since 1894. But I have been only a short time on the committee of this Association; Miss Lee, who is secretary, will be able to tell you much more about it than I can.

922. Perhaps, then, it would be a good thing if we took Miss Lee's evidence first?—Yes, I think so.

923. I think, Mrs. Egerton, you were to give evidence on another point or two; you wish to say something about the unattractive character of the nursing?—Yes, but it is a thing which cannot be altered where you have so many chronic cases, such as you do not get in a hospital. I only mention this because I think it is a de-

terrent to a great many good nurses who would otherwise come into Poor Law infirmaries.

924. Would you suggest anything to remedy it?—No. I may say it is very difficult for Guardians who get hold of these unsatisfactory matrons; the position has its drawbacks no doubt, but it is very difficult to get rid of them. The only way is for them to get her another appointment, and then that is unsatisfactory, for although they may lose her at Battle, they get her at Oxford, or somewhere else.

925. You say qualified nurses do not like to work under the class of persons sometimes appointed as master or matron. Do you mean socially?—No, not necessarily; but some are very objectionable; there is nothing definite against them, and the Guardians themselves only hope that they may soon get another appointment.

926. You say these assistant nurses cannot obtain a certificate; would you suggest that they ought to obtain

a certificate which would qualify them to be superintendents?—No; but it has occurred to me that if they worked for a given time they ought not to have to give the whole three years over again; if they worked satisfactorily for a certain time in Poor Law appointments they should get some kind of certificate to show this; they might then go for one year to a good training school. If they work some years under a superintendent I think that one year afterwards, with an examination at the end, might qualify them for the post of superintendent. Of course it is hard on a woman who has worked well for some years to have to waste three years of her earning time, in order to rise.

927. You think there should be in every infirmary a nurse who has had a thorough training?—I think she should have had at least one year's training, and some certificate; especially a maternity certificate. This is especially important, because in country workhouses, although the doctor's residence may be near, he may be many miles away when he is sent for. I do feel very strongly on that point.

928. You suggest that the nurse should be able to present a report to the guardians through the doctor without going first to the master or matron?—I think that if the doctors carried out your orders, as they are supposed to do, there need not be any difficulty. But very often you get a doctor who is very slack, and then sometimes, when the master presents his report, he has to put down everything that is wanted for the infirmary rather as though he wanted it for the workhouse. I do not think in many cases that the master would mind if it was known that what was asked for was a definite and distinct application for the infirmary; he would not have the responsibility for it.

929. Is yours a large infirmary?—No, very small; there are 44 beds; we have a very nice matron, and the master is not amiss; we have an uncertificated nurse, and I think she is very good in her way; the matron is a trained and certified nurse.

930. Is she the wife of the master?—Yes. The matron is nearly always appointed because she is the wife of the master; but I think it is most desirable that she should have some training.

931. You suggest that there should be some nursing inspectors?—I think if a nurse went round she would see a thing done one way here and another way there, and would be able to recommend the best way of doing it.

932. Is it your suggestion that we should have a staff of female nursing inspectors belonging to this Board?—Yes, you want a practical person, not one who would give counsels of perfection which no one could carry out. A practical woman would see that things were done, and that your orders were carried out, and that everybody did their duty; you want to find out the people who are not doing their duty.

933. You suggest that there should be a fixed maximum number of cases to each nurse; have you thought what that number should be?—That is a very difficult question; up till recently we had 44 beds and only one nurse. I think if you got many bad cases that is too many.

934. But you said your matron is a trained nurse?—Yes, but then the master objected to the matron having to do the nursing. But she influences her husband; she sees the point of anything that is wanted.

935. (*Dr. Downes.*) Has your Association any inspector who goes round?—No.

936. (*Dr. Fuller.*) With regard to the nursing inspector you recommend, would not any criticism of the nursing in any particular workhouse bring her into great conflict with the medical officer?—I should think not, if he were a good medical officer.

954. Mr. Tillotson, you are Chairman of the Yorkshire Poor Law Nursing Board, are you not?—Yes, sir.

955. How long has that Board been in existence?—It is only a suggested scheme at present—the scheme is before the Local Government Board to-day.

956. You are also Chairman of the Halifax Board of Guardians, are you not?—Yes, sir.

937. Are you acquainted with a good many rural workhouses?—Yes.

938. You know the type of officer generally found in them, then?—Yes, many of them take no interest at all, or do not seem to; no amount of orders and instructions will prevent difficulties occurring where such people hold appointments.

939. How do you propose that the nursing inspector should meet the Guardians?—She might write a letter or meet the Guardians, or she might report to the inspector, and he might mention it to the Guardians.

940. But is not that done now?—I have not heard of it. It seems to me that the very fact of her experience in other workhouses would help her to recommend that things should be done in the best way she has seen.

941. You say that the matron is often appointed because the master is a suitable man; is it not often the other way?—I should have thought that the master was considered almost more important.

942. In a large proportion of cases we have trained nurses appointed in the rural workhouses. Was your matron chosen because she was a trained nurse?—I should not have said so.

943. In Mr. Davy's district there are 13 matrons who are trained nurses; other things being equal, should you say the appointment of master and matron in those cases was due to the fact that the matron was a trained nurse?—I should think you could not have a better reason for doing so.

944. Was it for that reason your master and matron were appointed?—I do not think that if the other master had been better they would necessarily have appointed her. A great many masters have not got trained nurses as wives.

945. Have you any suggestions to offer as to what regulations, if any, should be made as to the qualification and training of probationers?—In first engagements character should be the first consideration, health the second, and age the third. I think in these small rural workhouses, if you have one trained nurse, the assistant nurses need not be so highly trained, so long as they are kind and sympathetic persons.

946. From your experience as Guardian, do you suggest that it would be a good thing to define more strictly the respective duties of master and matron and nurse?—I don't think I do. I think you want to see that the doctor does his duty properly. If he does his duty I do not think there is any necessity—the nurse can always appeal to him.

947. You propose no alteration in the respective duties of master and matron and superintendent nurse?—No.

948. Would you propose to put the nurse on an equality with the matron?—No.

949. Would you put her in the same position as the schoolmistress now occupies?—I do not know what that is.

950. Making her responsible for the discipline in her department to the master and matron?—Yes, I think that would be a good thing.

951. You said it was no part of the matron's duty to look after the sick?—Not to do the nursing work.

952. How can that stand in relation to the Consolidated Order which made the matron strictly responsible for the sick?—In this particular case there was a nurse, and it was her duty to attend on the sick, and there was no occasion for further assistance.

953. According to the Order, the matron is responsible for the proper nursing, etc., of the sick?—Still I know that is what happens—the matron told me so herself; I do not think it is her duty to attend on every sick pauper who comes into the workhouse. If she did, her other duties might be neglected.

Mr. T. W. TILLOTSON, called; and Examined

*The Hon.
Mrs. Egerton.*

*Mr. T. W.
Tillotson*

957. (*Mr. Knollys.*) Will you allow me to make a correction? You said your scheme was before the Local Government Board to-day—it cannot be so regarded; we merely want evidence upon the reference to us—we do not represent the Local Government Board?—Well, that is, the union in Yorkshire—have approached you on the matter; we have applied to you for your consent to this scheme being carried out, and we are waiting for

Mr. T. W.
Tillotson.

the reply of the Local Government Board—that is what I mean.

958. (*Chairman.*) In the first place, you are giving evidence as Chairman of the Halifax Board of Guardians?—Yes.

959. We will take that first, then—as to your own union. Your sick are now removed from your workhouse altogether, and put into your new hospital, are they not?—Yes, five months ago.

960. You have there, I believe, a visiting medical officer. Have you a resident medical officer?—Yes, the junior medical officer is resident.

961. And you train probationers there?—We do, sir.

962. You have as many as 26 probationers, I see?—26 probationers, eight charge nurses, one matron, one assistant matron, and one night superintendent, making 37 in all.

963. You have 11 nurses to 26 probationers—is that so?—Yes, including the matrons.

964. And your probationer nurses are paid £10 the first year, with uniform, the second year £14, and the third year £20?—That is so.

965. Were you on the same sort of scale before you got your new hospital?—Exactly, as regards nurses.

966. I see you propose to take some more probationers?—Yes; we have just opened two more wards now, and we have two more still unoccupied; we shall want more if they fill up.

967. Do you find that they stay on after their term of probation?—A certain proportion of them do—one or two have stayed as assistant nurses at £25 a year, and after that we have made them charge nurses if they are good. But a great many go off to the London hospitals, and a great many go to private nursing.

968. Do many of them go into workhouse nursing?—I very much question whether many of them do; they nearly all go into private nursing or to the London hospitals.

969. You make great provision for your nurses in the way of accommodation, do you not?—Yes, I think we do. Every nurse has a separate bedroom; the charge nurses and probationers have separate sitting rooms; there is also a reading room and library where they can be quiet; there are good dining rooms, and everything they can require in a separate home detached from the hospital. I do not know anything we could do to make them happier.

970. Did they have a separate bedroom in the old workhouse?—No, only cubicles; there was no comparison between the comfort of these new quarters and what they had in the old days. As regards this, when our new home was being built—we have also the Royal Infirmary in our town, which is a large modern hospital—I remember a nurse from the Royal Infirmary coming down and going over our Nurses' Home, and saying, "If they would only treat us like this at the Royal, we should be quite satisfied."

971. I see you give them holidays?—We do, sir. The charge nurses have one whole day per month, and in the other weeks of that month half a day. Every probationer has a weekly half holiday, and every nurse has three weeks' holiday in the course of a year.

972. Then may we take it that you used to have plenty of applications for these posts?—We did, sir.

973. Has there been any change in this respect lately?—Yes, it is getting worse. We are getting plenty of applicants for training, but I am strongly of opinion that the quality of nurses who are applying for training are not as good as they used to be 10 years ago, when I first became connected with this nursing business. We get a much better stamp of women then than we are getting to-day.

974. Do you mean a woman of more education?—I mean a woman of more refinement of mind—I do not know how else I can put it.

975. Lately you have had some difficulty in obtaining nurses?—For charge nurses we have. I think it was in November or December last we had a vacancy; we put in one advertisement, and had no applicants of any sort; we put another advertisement in, which produced a single applicant—a girl who had been trained at an adjacent town, in the workhouse there. She was not very satisfactory, but our matron took her; she was a most eccentric person, and after a short time cleared

out of the place without any notice whatever, but we were glad to get rid of her. That was the only application, although we advertised in every paper there was. Shortly after that we had six applicants, and out of those we had only three that were of the slightest use as infirmary nurses. Since then we have had to fill up our vacancies by our new matron writing to people she knows and asking them if they have got anybody they can spare and recommend to come to us; she writes to hospitals where she has been, and asks if Nurse So-and-so can be spared to come. We have managed to fill up in this way, but it has all been by this means. It costs us a lot of money for advertising—we paid £20 last year for advertising.

976. To what do you attribute this dearth?—To one or two causes. Of course, a few years ago, when workhouse nursing became more talked about and more written about, we did get a good many applications from ladies in reduced circumstances. A great many of these nurses are dissatisfied with the value of their certificate when they have got it. Of course, people say the war has taken a great many of the nurses; no doubt that has something to do with it, but I have noticed the enormous growth of the number of trained nurses that are used in private nursing. There is such a very great demand for private nurses nowadays. Then again there is the district nursing. About 12 years ago there was not a single district nurse in Halifax, but now the ground is covered with them. I consider that these demands have overtaken the supply.

977. You think it would be a good thing to establish some uniform standard of training?—We ought to have a uniform standard of training and examination; we think it would attract people to it whom we do not get to-day.

978. As to the qualification and training of probationers—have you anything to say as to what qualification should be required?—Yes, the Board would strongly urge that all candidates should be well educated young women of good character.

979. Would you recommend an entrance examination?—No, I do not think so. I have found the matrons (who have themselves been educated women) are, as a rule, quite well able to judge from the style and address of an application (provided it is in the nurse's own handwriting), what sort of education the applicant has had. Of course we cannot expect to get Girton girls—highly trained scientifically. But they should have brains enough to pass a good examination, which I believe a good many have not done in many parts of the country, in the subjects in which they have been specially trained by medical gentlemen. Also it is of great importance that they should be educated in the niceties of social life, so that they can live together happily in the home. There is a tendency amongst Guardians to urge matrons to appoint persons totally unfit for the position. A very unsuitable person was recommended to us the other day, but I am glad to say our matron would not take her. A girl who has not had opportunities for excelling in social amenities cannot be very comfortable or happy with others, and they will not be happy together.

980. How do you propose to secure that they are of this particular social status?—I should not wish to raise any objection to a girl if she has been sufficiently advanced in her ideas.

981. You would leave it to the choice of the matron?—I should leave it to each matron to choose her own.

982. Now, as to the qualification of superintendent nurses—have you any suggestion to make as to that?—Where there is no resident medical officer? I do not think myself that that is a great matter of importance, provided the medical officer does his duty well. In our old place they were trained by our visiting medical officer; he gave them lectures regularly, and took an interest in them. We have a resident medical officer in the new place, but the three doctors divide the lectures between them.

983. Your resident is the junior medical officer, is he not?—Yes, and he has to do what the other man requires of him; he has to take up the points the other man leaves out. We think, when they have been trained under us for three years they have had a very good training indeed.

984. What becomes of those who leave you?—One London hospital had had three nurses running from us, and now they have asked for a fourth. When they

have stayed two years in one hospital, and have then gone into a London or other large hospital for two years, I consider they might safely be considered to be qualified for the post of superintendent nurse.

985. As regards the respective duties of master and matron and superintendent nurse, have you found much friction?—Any quantity.

986. Do you think that arises from the regulations or from any incompatibility of temper?—I think it is partly incompatibility of temper.

987. You think that some fresh arrangements might be made as to the matron's duties?—I think the matron should have nothing to do with the sick wards at all. Our matron has gone, but I do not think she has interfered largely.

988. Who has gone?—Our workhouse matron has gone into the sick wards, although she has no real business there. Our own private rule is that she has nothing to do with the sick wards.

989. You speak of your own private rules; have your Board made special rules?—Well, we tried when we engaged our master and matron; they were engaged just at the time when we were about to appoint a superintendent nurse. I happened the other day to turn up a copy of the minutes of the committee that was drawn up 12 years ago, when this was reported on, and it was laid down that the master and matron should not interfere with the lady superintendent of the infirmary. That was very easily laid down, but it did not stop there.

990. Were they not to go into the sick wards?—The master always insisted that he could go, but he did not interfere with the work at all. The master was always responsible for the building, as I think he should be. But I do not see what good the matron is going in at all. If she is an untrained woman it is natural that a trained woman objects to it. But there are always lots of little things that cause friction, and the most prolific of these was always about the quantity of clothes.

991. You say there was friction in the laundry?—There was friction because the superintendent said she was always short of clean sheets and things of that sort.

992. When your workhouse and infirmary were in one building, you had one laundry, I suppose?—Yes.

993. Would you say the matron ought not to have control of that?—Oh, yes, the entire control—certainly.

994. Then how would you avoid the friction in that case?—I should let the superintendent have a larger store of clean linen, and be responsible for it.

995. She would have to keep books?—Yes, she would keep an inventory of them.

996. Have you had complaints as to friction in the kitchen?—No.

997. Any complaints of the way in which meals are sent up?—No, it has always been clothing more than anything. The superintendent is now kept with a weekly store; an untrained person has no idea of the number of sheets required in a sick ward.

998. Your suggestion is that the matron should have nothing to do with the sick, and that the superintendent should have a larger store of linen than she actually needs at the moment?—Yes, an ample and adequate and not a limited supply. Don't let her have to go week after week to the master and say she is short of this and short of that.

999. Now, about your suggested Yorkshire Nursing Scheme?—I am somewhat apprehensive about the quality of the nurses we are getting. As a class the standard is not so high as it used to be. To make two classes of nurses seems to me intolerable; we do not have two classes in other professions—two classes of doctors and lawyers, for instance.

1000. Do you mean that you do not have two sets of qualifications for a doctor? Have you considered the position of the Army? In the Army a man holds certificates that enable him to take a higher rank than another man not holding the same certificates?—We do not suggest even here that they should not get two certificates. If they get a higher certificate they do well for themselves, and it is a certificate that will take them to other places where nurses are wanted. If they fail I should give them a testimonial that they have served three years in a hospital.

1001. You would give them an honours certificate and a pass certificate?—Yes, if you take it that way.

1002. You are agreed in your Association that Poor Law nursing must be equal to any nursing?—We are.

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1003. You think that the quality of your applicants is going down because their three years' certificates are not good enough testimony to their training?—Yes, I do. It is signed by our local medical officer, and I think the superintendent signs and I sign it. The nurses naturally say: "Of what value is it?" It is of no value at all!

1004. They do not pass any examination, then?—The medical officer gives them an examination, but I think they always go through. We simply sign the certificates when they present them; they say this girl is qualified. I have asked a question or two sometimes.

1005. Then your Nursing Board proposes that there should be a more suitable examination?—We do; we want a county examination; we would rather have a national one, but there seems no hope of that. We want to get a county examination by the Yorkshire College.

1006. In order that Yorkshire may set an example to other counties?—Yes, it would do good to others if we made a good start. As regards that examination, of course I do not think I could say anything about it. We propose to leave it in the hands of the Yorkshire College—we could not get a better examining body; they are ready and anxious to start it, and the medical men in Leeds are ready to give valuable aid to the scheme.

1007. You suggest that this Board should appoint two inspecting superintendent nurses and examiners?—I do, sir. In the interview we had the other day with Mr. Knollys and Dr. Downes, Dr. Downes put his finger upon the weakest point in our scheme—I do not admit that it is really a weak point, but the weakest one—that is the practical examination. But you see at present our nurses are examined by the matron who has taught them their practical work. Now we suggest that our Board shall have a supervising committee of five superintendent nurses, and that they should appoint two of their number to take these examinations. We think we shall have a better guarantee that these examinations are well done if they are done by two outsiders than if the matron does it who teaches them herself. If the Local Government Board could appoint two inspectors for nursing and taking the practical examination, I think the matter would be solved altogether.

1008. Do you mean inspectors to examine only the Yorkshire probationers?—I do not presume to limit it at all. Of course, that is my own suggestion; it has not been brought before the Board. You see, if we were to get two outsiders, they might have duties which they could not very well leave; suppose we wanted Miss Gibson, of Birmingham—it would be more costly for us; they have positions from which they could not get away. But if you appointed two, of course we should have to make the examinations to suit them or their convenience.

1009. Your board suggests that your system would enable smaller unions to fill their vacancies?—Yes, because we shall be turning out so many more nurses every year. First of all, our certificate will be something worth trying for. I have spoken to lots of nurses on this point. I know hospital nurses grumble to-day that nurses have no standard. One says, "My certificate is a good one, it is from Guy's Hospital," or from St. Thomas', as the case may be; whilst another certificate is not so good; it is purely owing to the status of the hospital. If we can get these examinations we shall attract more candidates, and we shall pass them through and I would like—personally I do not see why—when they have that qualification we should not have put it in the agreement that they must hold themselves liable to go and nurse at country unions where their services are required, for a limited period.

1010. To be allotted by the Board to a certain workhouse?—Yes, we want to keep in sympathy with the smaller unions that do not train, and which have a difficulty in getting nurses of the class they would like.

1011. I understand that your Board is supported by all the unions in Yorkshire where nurses are trained with the exception of Sheffield and Dewsbury?—Yes, by every union except those two. Sheffield were with us; they only withdrew at the last meeting. The gentleman who represented them on the committee was changed, and he raised a question at the eleventh hour; he wanted

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to have the examinations done partly by their local institute—the University College at Sheffield. Of course, the Yorkshire College and the rest of us said there was not room for two, and so Sheffield withdrew for the time; but we hope they will come back again.

1012. Sheffield withdrew because of the examining body, and not on account of the system?—Yes.

1013. (Mr. Knollys.) I understood you to say that you find, as a rule, your probationers leave you and leave the Poor Law service as soon as they have served their time?—A good many of them do.

1014. What proportion of them stay with you?—Well, it has been a sore point with our local medical officer that our former matron did not take pains enough to try and keep the nurses; he has complained of it. She let the nurses go before the committee knew their time was up. Now we intend to make a regulation that the committee are advised a month before, so that if we have a vacancy we could put her in; at least we might try to keep her.

1015. You say they are discontented with their certificate; that they do not find it of much value afterwards. Have you had that information from the nurses themselves?—Not from the nurses; from the superintendent nurses I have.

1016. I do not understand why they do not find it of much value; it is a certificate that they have been trained for three years, and it is a certificate that they are competent to become superintendent nurses?—No, our certificate is not.

1017. But if you have a resident medical officer it seems to me your certificate is as good as you can get?—Technically I do not think it is.

1018. Have you had any experience that they have been refused because they had your certificate?—No; I know of two cases in which they have been made superintendents; you have sanctioned it. But the certificate itself is worth nothing.

1019. Why?—It is worth nothing outside, I should say.

1020. Are you sure of that?—Nothing comparatively. A Poor Law nurse's certificate to-day is looked down upon outside; perhaps you understand that.

1021. What experience have you had of that?—It is what I have been told by superintendents. I have also often heard it said by Guardians at conferences—by people, therefore, who ought to have known better—that the reason you could not get nurses was because they could not get a good training as nurses in Poor Law infirmaries; but I am sure the training in our infirmary is as good as that in any hospital.

1022. I understand you to say that all your nurses are quite contented with the amount of holidays you give them?—Yes, I understand they are.

1023. And you give them three weeks in a year?—That is so.

1024. How do you account for the quality of the nurses being lower than it was?—That is a very difficult matter to account for, but I account for it personally very largely because a great many people who have been trained by us find that a Poor Law nurse is looked down upon as not being so efficient as a nurse trained in a general hospital.

1025. Is there any special reason for your receiving so few applications for vacancies at your infirmary?—I cannot say.

1026. Your infirmary may be taken as a very good one to get into; it might be considered one of the best, and you cannot account for your not receiving applications. We have had evidence that there is a great lack of applications as regards the smaller country unions, but not as regards the larger town unions?—I can only say that when we advertised in November we only got one reply.

1027. You do not put that down to any special reason; it was not because there was friction between the matron and superintendent?—No, there was no friction in the place at that time.

1028. As far as you can judge it arises absolutely from the scarcity of nurses?—I believe so, honestly.

1029. Is not the infirmary at Halifax under entirely separate administration from the workhouse?—Yes, sir, it is two miles away.

1030. Did you say that the matron goes into the sick

wards?—No, not now; we were speaking of the old days then.

1131. Do you consider that there should not be two grades of probationers trained and two grades of nurses?—I think there should be only one grade, and I would have the qualification and standard of training enough to enable them to pass a good examination, and that they should have been well enough brought up to be able to live with others.

1132. Do not you think it possible that in the larger workhouses a higher type of nurse should be wanted than is wanted in the smaller workhouses?—I hold that if nursing is to be done at all it ought to be done by as efficient a woman as you can get.

1133. That is quite true; but suppose you have only seven patients, all infirm and senile cases, can you get a trained nurse for them?—It would not be worth while to keep a trained nurse then, perhaps; in that case I think I should get a good motherly individual to look after them.

1134. Therefore your remarks only apply to the larger unions?—I think if there are 40 beds they want looking after; no doubt if there are only six or seven there are difficulties.

1135. You do not think it desirable in that case that there should be two different grades?—I do not, sir. If it is a case of workhouses where you are going to have hospital treatment, you must have trained nurses; but if there are simply old and infirm people to be looked after, of course the case is different.

1136. You think it preferable that in small workhouses the nurse should be absolutely untrained?—No woman is the worse for training; but at the same time you have a difficulty in getting one to stay in a place where there are only six or seven patients. But I have no experience of unions of that size, and therefore I am no authority upon it.

1137. Do I understand you to say that where the infirmary is under the same administration as the workhouse you would give the master and matron no control of any sort over the nurses or patients, but you would leave them the control of clothing and food?—Yes, only give the superintendent nurse a more adequate supply than they are accustomed to give them.

1138. (Dr. Downes.) Referring to these small workhouses, of which we have just been speaking, where there are very few sick, do you think that where it could be arranged for the matron herself to be a trained nurse it might be a way out of the difficulty?—Yes, undoubtedly.

1139. And in some case would it be possible to get in a district nurse in times of emergency?—Yes; I should like to give you an illustration. I am governor of a charity which provides for a number of old women—about 12 or 20 of them—from about 60 years of age and upwards. They look after themselves, make their own cup of tea and all that. Well, now, we cannot keep a nurse for them; but in order to provide for any of them when they are ill, we pay £10 a year towards one of the district nurses, and this nurse goes in whenever she is wanted, and, in fact, she often goes in to see them whether she is wanted or not.

1140. You think something of that kind might be done in the smaller workhouses?—Yes, I think so.

1141. Do I understand you to say that you aim at one uniform standard of training?—Yes.

1142. But would you agree to there being two steps to the ladder?—I am not quite sure what you mean.

1143. I will put it in this way—these fully trained nurses must require assistants, must they not?—Yes.

1144. This help cannot always be given by trained nurses. Could you work into your scheme some system by which time as an assistant nurse under certain conditions might count towards attaining the full certificate eventually?—I am afraid you would damage the certificate. If a nurse could not pass the examinations, I should not give it to her for time alone.

1145. I am not assuming that she would not submit herself to examination; I take it there would be an examination?—But her certificate to-day is a question of time very largely, that she has served three years in a hospital.

1146. But she has to pass an examination at the end?—Yes, but it is not worth anything.

1147. But your scheme is to raise the standard?—Precisely.

1148. In effect what I ask is that instead of spending three years at one training school the candidate for examination should have spent some portion of her probation—a longer proportion perhaps—at a place which was not a training school. Could you adapt that into your scheme?—If a nurse had been in a union that did not train for so long—an approved union—and then came to us, we might shorten her probationary period in our training school. I do not think there would be any great objection, provided she were a suitable woman.

1149. The idea is to make an easier step up?—Yes.

1150. If your examination were divided into two parts, an examination for assistants and an examination for fully trained nurses, would it be possible for the candidate to take the one portion first? Many women might be able to take the one examination before they took the other?—That is a matter we have certainly never considered, because we did not want to overweight the scheme, and we wanted to keep it to those who have been trained. But it is worthy of consideration whether we could not help the smaller unions in that way.

1151. I am not quite sure if I understood how far your scheme has gone up to the present time?—This is our scheme; we have all agreed to this; we have submitted that to you, we came and saw you and Mr. Knollys about it. We are advised that we are not authorised to spend this money. What we are to be allowed to give five guineas subscription for the working expenses of this Association, and to pay the fees to Leeds for the nurses for examination. The examination fee is only 15s. So I think it is only 35s. we have decided to spend on each nurse at the end of three years. Our clerk says we can spend this money legally, if only the Local Government Board say we may; we are absolutely stuck fast waiting for this sanction; the Yorkshire College is very anxious to begin, and also the members of the Y.U. Board.

1152. Have you finally agreed with the Yorkshire College?—We have.

1153. I think the Yorkshire College raised the point as to the question of the efficiency of the training in the wards?—They did.

1154. How did you settle that?—We said if they will guarantee the theoretical we will settle the practical. We will pick out five of the most eminent matrons in the county and make them responsible for it, and they will choose two of their number each year and make them responsible for the examinations—the practical examinations.

1155. Have you any arrangement by which a workhouse that was not training satisfactorily could be removed from your Association?—We have not gone so far as that yet—we will meet our troubles when they come.

1156. In your scheme how will you produce any guarantee of the conduct and efficiency of the nurses during their term of probation, apart from the examination?—Of course, the local matron or superintendent will have to give that.

1157. Will you make that a condition of the candidate's being presented for examination?—Oh, yes.

1158. I think that is most essential?—Most essential, that their conduct should be satisfactory.

1159. Have you considered the question of their pension at all?—No, we have not.

1160. Do they contract out of the Poor Law Officers' Superannuation Fund?—Our nurses all contracted out at the beginning, as they had the option of doing—I think they all contracted out.

1161. Do they insure in any pension fund?—I do not know, sir.

1162. Have you considered, Mr. Tillotson, what qualifying safeguard you would introduce if the condition of the resident medical officer in a training school were dispensed with?—Personally, I should say that a nurse ought to have two years in some other large hospital, after she has had three years in a Poor Law training school, before she is fit to take the management and control of other women.

1163. But what is to be considered a "training school"? The Board at present require that a superintendent nurse shall have had three years' training in some recognised training school having a resident

medical officer. It has been suggested that that requirement should be dispensed with; if it were, what condition could be introduced to ensure that in the places where the training took place there was sufficient material for teaching?—I submit our scheme will meet that very largely. If any place which trained under our scheme sent up nurses who always failed, and none of them could get a certificate, we should know there was something wrong.

1164. You think your scheme would supply the deficiency in that respect?—Yes, I do.

1165. To make your scheme complete, do you not think that you should have power to suspend a school if they did not train efficiently?—I do, certainly.

1166. Coming now to another point—the question of friction between the superintendent and the master and matron of the workhouse—you have spoken of the question of linen; how would you deal with the question of scrubbers or ward helpers?—I can tell you our practice; it has answered well. The workhouse matron has nothing to do with the scrubbers at all—they were entirely under the lady superintendent; she gave them their orders and made their arrangements, so that we never had any friction on that point.

1167. Who selected the scrubbers?—She did, the lady superintendent, but we had paid outside scrubbers. When they came from the body of the house they were sent down by the matron—she would supply them; we had a lot of friction about not getting enough six or seven years ago, and for that reason we went to paid scrubbers, and partly because there were no able-bodied people of that stamp in the workhouse, so we went to paid scrubbers from outside. Of course, at the new hospital we have entirely paid scrubbers.

1168. So, practically, to relieve the friction you obtained outside help?—We did; the friction was because we had not enough; I do not think they were unreasonable on either side, I hardly like to call it friction on that account, but it drove us into paid scrubbers.

1169. I suppose you had applicants for relief who were saved from going on the rates by giving them work of that kind?—Yes, we had; we generally tried to meet it in that way.

1170. I understand your Board has a certain scale of leave which they lay down for their various grades of officers. How did you manage the question of emergency leave under the old conditions?—It used to be the rule that all our officers had a fortnight's holiday in the year. Then the superintendent nurse raised this question—she said a fortnight was not enough for nurses who were indoors so much as they were, and they applied for three weeks. We agreed to let them have three weeks, with the usual result, that everyone else applied for the same, and they got it—under the Poor Law everybody expects the same treatment.

1171. In the event of a nurse wanting to leave on an emergency, to whom should she go?—To the superintendent nurse.

1172. You would empower the superintendent nurse to grant that leave?—I would.

1173. Would you require that the superintendent nurse should report what she has done to the master?—If the nurse wanted to sleep out for a night, I think she should, but not if a nurse only wanted to go out for a few hours.

1174. Would you recommend that the master be recognised as supreme head?—Yes.

1175. But you would give a good deal of discretion?—Yes. There is one thing I should like to say—I do not think a superintendent nurse has any right to go away on a holiday without leaving her address with the master, so that he may communicate with her if required. This has happened several times; I do not say no one in the place knew, but the master did not know, and I do not think that is a proper thing.

1176. You would apply that to every important officer?—I think the master should know where an official is gone to.

1177. (Dr. Fuller.) Had the salaries of your charge nurses anything to do with the scarcity of applications?—I submit that had nothing to do with it at all. You see we do get them eventually by writing to this hospital and that, and they come at the same salary. The matron tells me that the salaries we pay are quite up to the average; she assures me we pay as well as anybody else.

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Dr. Hawkyard.

Dr. HAWKYARD, called ; and Examined.

1178. (*Chairman.*) Dr. Hawkyard, you are, I believe, a member of the Hunslet Board of Guardians, and lately chairman of that body?—Yes, sir.

1179. I think you were from 1883 to 1887 Assistant Resident Medical Officer of the Leeds Union Infirmary?—That is so, sir.

1180. I understand your Hunslet Board has been making inquiries amongst the unions in Yorkshire as to the difficulty in obtaining nurses?—Yes, sir. Mr. Tillotson has explained fully the scheme of the proposed Yorkshire Nursing Board. I do not wish to go into that. I wish to bring to the notice of the Committee the difficulty the smaller unions—such as the Hunslet Union—have to contend with in obtaining a supply of nurses.

1181. And you hand in a summary of their replies as to the number of nurses they have, and the difficulty they have met with in obtaining nurses?—Yes, sir, and the difficulty in getting probationers. Infirmarys of from 100 to 200 beds, where a large number of probationers could not be taken, have found much difficulty in keeping up their staff, and have had to fall back on untrained nurses in some cases. They have had no difficulty in getting untrained persons to take charge of wards. Here is one hospital which has 100 beds; they have had great difficulty in getting nurses—trained nurses. On the whole, the larger the place the less the difficulty in getting trained nurses, and the smaller the place the greater the difficulty. It practically amounts to that as the result of our inquiry.

1182. You have found that one union with 200 beds has had no difficulty?—That is so.

1183. Your Hunslet Board have not a resident medical officer, have they?—No, sir, they have not.

1184. But you have 117 beds in your sick wards?—Yes, sir.

1185. You have three probationers; do you find any difficulty in getting probationers in consequence of your not having a resident medical officer?—No, sir.

1186. Can you get as many as you want?—There are always more applicants than we have vacancies to fill; the difficulty is in getting trained nurses.

1187. What sort of class do you get your candidates from?—Workers in the local factories, domestic servants, dressmakers, and that class of girls, and girls who have never been put to any work at all. To my mind, we have always had a fairly decent class of girls as applicants; not girls of high culture, but I think quite good enough material to train into efficient nurses for this work.

1188. In consequence of your difficulties you have had to take probationers?—Yes, sir.

1189. And you find that they will come to you in spite of the fact that your training does not qualify?—They come, and when they find it out some leave; some of our probationers have left us; they have asked us to cancel the agreement because they find they would have no recognised position as nurses. To get over this difficulty we some time ago approached the Governors of the Leeds General Infirmary, and asked them if they would give our nurses their last six months' training and examine them. But they refused, because they thought it would tend to lower the standard of their certificate; they were not disposed to help us in any way. Afterwards the scheme of the Yorkshire Poor Law Nursing Board was broached, and we fell in with that as a way out of our difficulties.

1190. You wish to say something about the Circular issued by this Board on the 1st November, 1894; that Circular dealt only with assistance in connection with the administration of anaesthetics?—That letter recommends that operation cases should be sent from the smaller workhouses into the general infirmaries, which are charitable institutions. It also means that if a workhouse medical officer wishes to have an anaesthetist, he has to ask for sanction to pay the fee. The position the Hunslet Guardians take up is this: it would be far better for the training of our probationers if our operation cases could be kept in our own infirmary, and all operations done there; we should like permission to incur any expense to do operations in the workhouse infirmary. For instance, if the medical officer thought he had not sufficient ability to do a

major operation successfully, the Guardians wish to have the power to call in a surgeon from, say, Leeds, to do that operation solely for the purpose of training our probationers in hospital work and giving them experience. At the present time even our minor operation cases are sent away to the general infirmary, and they are treated there for nothing. I take it Boards of Guardians are perfectly well able to pay for work of this character, and they ought to pay for it; we feel it is an abuse of a charity.

1191. You put that forward as your own suggestion; it has not been considered by the Nursing Board?—No, but the Hunslet Board of Guardians have written to the Local Government Board on the subject. I should like to point out that we spent last year £62 in advertising for trained nurses, and only got two or three replies. For four weeks we advertised, and got no reply.

1192. What papers did you advertise in?—The "Yorkshire Post," the "Leeds Mercury," and most of the service papers—the "Hospital" and the "Poor Law Officers' Journal," and other papers of that kind.

1193. Did you receive more applicants through a paper of general circulation, like the "Yorkshire Post," or through a medical paper?—We have no means of ascertaining that, sir. I have never inquired from a candidate where she saw the advertisement, so that I should not like to say. As to the difficulty in getting trained nurses in the smaller unions, my feeling is strongly that it is caused by the demand being greater than the supply, and by the uncongenial character of the work in workhouse hospitals. The operation cases are taken away to the general infirmary, and you have left chronic cases and the dirty patients to attend to—most repulsive work; it is not every woman who will undertake such a class of work as you find in the usual small workhouse hospital.

1194. Should you say that the value of the certificates given to these nurses is very small in the medical world?—It is very small at the present time, partly because the examining body is a body of no standing; that is why the proposed Yorkshire Nursing Board want to get the Yorkshire College to take these examinations, so that in future, if a nurse has one of these certificates, she will have a chance of getting employment in other directions.

1195. You suggest some regulations as to training probationers, do you not?—What I wish to emphasise is this: When the Yorkshire Board was proposed I sent in a scheme which was not adopted, but one or two of my suggestions were. One was that there should be power between union and union to exchange probationers, and that after spending, say two years, in a larger infirmary, a probationer should go for one year to a smaller infirmary, and that that should count as one year of her training. If the Yorkshire Board is formed I think it ought to be compulsory that the smaller unions should have a constant supply of half trained probationers to take charge of their sick poor; even if they have only a small infirmary of seven beds I would make it compulsory that every probationer should take part of her training out there, so that smaller unions should not have so much difficulty in getting help. Even if a nurse had to spend three months in a small infirmary of seven beds, I think there would be no difficulty; she would know that for three months she would be there, and then go to another hospital. The training of nurses ought to be encouraged even in the small unions.

1196. What age would these girls be?—They would be over 21, I suppose.

1197. And they would be constantly shifting?—Yes.

1198. Would not that be very deleterious to the sick in these workhouses? What would happen if there was an acute case?—I think they would be competent to nurse that case under the direction of the medical officer; you see, they would have had some experience.

1199. Have you any suggestions as to the qualification which is to be required for an institution training probationers? Do you consider there ought to be a resident medical officer where the nurses are to be trained as superintendents?—Yes, and I think every infirmary with 200 beds should have a resident medical officer. I think it is quite as necessary that they should have

a resident medical officer as that they should have nurses. I feel very strongly on that point. At the same time I would not prevent a nurse who had been trained in a smaller workhouse, if she had had also two years' experience in a general hospital, being put in the position of a superintendent nurse. If she had had general experience in a hospital like that at Leeds, I think she would be competent to become a superintendent nurse.

1200. Do you think there could be two classes of nurses, one holding an honours certificate and the other a pass certificate?—No, sir, I do not think that would be possible.

1201. This Board has to lay down some standard for those who are to take superintendents' places?—Quite so, but to have two grades working in the same wards—I do not think that would be wise. It would not do to have two certificates, which would indicate that one class of nurse was superior to another; but if a nurse could pass a higher examination to secure a position as superintendent nurse it would be different.

1202. You think she ought to pass a special examination to qualify later on—that she should first get through the pass, and then take a higher one later on?—Yes; then the superintendent nurse's certificate would be awarded by merit, and not by the mere accident of training.

1203. Do you wish to give evidence on the subject of friction between officers of the workhouse and the superintendent nurse?—There has been friction with us at Hunslet; there always is friction, and my feeling is to make the superintendent nurse supreme head of her own department, and that the workhouse master should only have control over the infirmary as a structure, and nothing else. The superintendent nurse should make her requisitions upon the master for cooked food, stores, etc., for laundry work, and everything she would need for carrying on the work of her department. I would not allow the master or matron to interfere in any way.

1204. (*Dr. Fuller.*) As regards the 200 beds limit for a resident medical officer, would you say that in a workhouse infirmary of that size he would have enough to occupy his time?—I think he would find work to occupy his time, and a much better training could be given to the nurses—they would get what they require, a sort of bedside training. As things are now, the medical officer makes a hurried visit to the workhouse, and he cannot possibly devote the time to bedside training of the nurses which might be given if you had a resident medical officer.

1205. Do you suggest that he would pay more personal attention to his patients than at the present time?—I do, sir; he would spend more time in the wards. I do not mean to imply that there is any neglect at the present time, but I think they would get more individual attention.

1206. Would it be feasible, in your opinion, to associate districts immediately around a workhouse, and for the doctor to act as resident medical officer?—It would not be at all difficult—in fact, I suggested it six years ago, when there was a vacancy. I suggested that the Hunslet Board should appoint a resident medical man for the workhouse infirmary, and that he should do some of the outside work as well.

1207. Would there be any disadvantage in having a resident medical officer for a workhouse of 200 beds without any outside work?—No, no disadvantage.

1208. But would there not be a danger of his getting rusty and out of touch with his fellows?—No; it is not as though a man would stay there altogether—a man would probably not stay there long; in a year or 18 months he would probably leave to go to a larger place, or take up other work.

1209. Would you suggest that the workhouse medical officer should be also a district medical officer invariably?—I do not put that forward as a suggestion now, because you would have so many vested interests to fight.

1210. But as naturally suitable when the opportunity offered?—Yes; if the opportunity offered I think it is an excellent plan. There is no doubt about it, the outdoor sick poor are not looked after by the medical men as well as they might be.

1211. Then as regards sending half-time probationers to some of the smaller workhouses: in a very large number of these smaller workhouses the medical officer

visits only once or twice a week. Would you think a half-trained person suitable to be put in charge under such circumstances?—I think she is better than the existing motherly woman who has had no training at all—quite as competent as the Mrs. Gamp of the present time.

1212. Is there any objection, from your point of view, to advertising for probationers in the local papers?—No objection.

1213. Do you find that by advertising in local papers you get local applicants?—We get local applicants as probationers, but not as nurses.

1214. As regards your point that the Guardians should have power to call in surgeons or medical men from outside to assist in operations, have the Guardians not that power at the present time?—I do not think they have power to call in a surgeon to perform an operation in the workhouse infirmary, because they have not power to spend the money—they have to apply to the Local Government Board for permission to pay fees.

1215. Have you any reason to say that the Local Government Board have refused at any time to sanction expenditure of that kind?—No, I do not know that it is so. At the same time it is recommended to Boards of Guardians to send cases requiring operation to a general infirmary, and the result has been operation cases have been sent. Our medical officer has hesitated to ask the Guardians to allow him to undertake these cases, because he knew this letter existed.

1216. Do you think the workhouse medical officer should apply to the Guardians for sanction to perform an operation?—No, I do not think the Guardians are the proper body to give sanction at all, because they know nothing about surgical operations. The medical officer knows when an operation ought to be performed, and if he thinks it should be done it would be absurd, to my mind, to put the Guardians over him in that way. The interesting work is being taken out of our workhouse infirmaries and being given to the general infirmary, and all the dirty work has been left, and that is why we cannot get our nurses to stay with us.

1217. I put it to you that that instruction was due to the fact that in the vast majority of the workhouses the nursing staff was insufficient?—Probably it was so; we only had 10 nurses to 700 patients in Leeds from 1883 to 1887.

1218. Can this complaint as to sending away of operations be regarded as a usual one?—I am speaking for Hunslet—our medical officer has complained about it, and we have always had to come to the Local Government Board for approval to pay a fee. We have felt that it was the wrong way to put things that the medical officer should have to ask this permission—that he ought to have the discretion to call in anyone he wishes, if he feels himself incompetent to perform a major operation alone.

1219. You said that you formed your probationer staff because of the difficulty in getting trained nurses. I put it to you that that fact would be a difficulty in the way of proper care and attention which operations ought to receive?—I think it is notorious that the work in workhouse infirmaries is very objectionable work, and that people recognise that they cannot get proper training there under present circumstances.

1220. Are we to infer that, suppose it was generally known that operations would be performed, there would not be difficulty in getting trained nurses to apply for these positions?—I think so, because they would not take out the whole of their training in small workhouses—the bulk of their time would be spent in the larger workhouse infirmaries, like Leeds or Halifax, where a vast experience could be gained.

1221. And if the Board gave this permission, do you think this would be an inducement to trained nurses to apply for these posts?—I think it would be one of the inducements. Another one would be taking the control of the master and matron away, and leaving the superintendent nurse in charge of her own establishment.

1222. (*Mr. Knollys.*) I want to be quite clear about that Circular—was not the cause of that Circular being issued the fact that it had come to the knowledge of the Board that many minor operations were being performed without anæsthetics being given?—I cannot say; it reads as if in effect it recognised that operations of serious character should be sent to the general infirmary.

1223. Do you acknowledge that the nursing staff in

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the general infirmaries is, as a rule, much more competent to deal with dangerous surgical operations than the nursing staff in the smaller workhouse infirmaries?—I do, sir, because the nurses have such a tremendous experience.

1224. And yet you consider that the performance of operations should be encouraged in workhouses merely for the sake of training nurses?—Yes, that is so; but there is no reason why the workhouse infirmary nurse should not attain the same standard as the nurse in the general infirmary.

1225. At the expense of the paupers—because it is good for the training of nurses you would recommend that the operations should be performed?—All operations should be done in their own establishments. If the medical officer does not feel competent to do that operation, he should have power to call in a surgeon from outside who is competent, and if he wishes to have any other help he should have power to get it.

1226. Have you heard from medical men or heads of institutions any complaint of the small value of Poor Law certificates?—No, I have not had any complaints from institutions, but I have had them from our own probationers and others.

1227. Not from anybody beyond that?—I have not.

1228. There is one point—with regard to the training under your Yorkshire scheme—you suggest that it should lay an obligation on larger unions to help the smaller in the matter of the supply of nurses. How can that be brought about?—There would be no inducement for Hunslet to go into the scheme, except that by this means they would always be certain of having trained nurses in their workhouse infirmary. The scheme as at present formulated is rather crude, and we all recognise (all those who subscribe to it) that it is capable of great improvement, and that there are many local details that would have to be worked out by experience. The inducement for all smaller unions to come into the scheme is that they would always have trained nurses to nurse in their wards. It would be a condition of the service of the nurse that she must obey instructions, and that she must go where the Nursing Board choose to send her. Of course, always on the understanding that she would not be kept at a small infirmary for a long time.

Mr. PETER ATKINSON, called; and Examined.

1235. (*Chairman.*) Mr. Peter Atkinson, I think you are a Member of the Kingston-upon-Hull City Corporation, and Chairman of the Staff Committee of the Kingston-upon-Hull Incorporation for the Poor, are you not?—Yes, sir.

1236. You have had great difficulty in getting nurses, have you not?—We have, sir.

1237. Could you give us an illustration indicating the result of your advertising?—We have advertised in the service papers, the local papers, and also the "Yorkshire Post," with the result that about three weeks or a month ago we had not one single application for the post of charge nurse. We advertised also in the local papers for probationers, with the result that we had two applications, which came before the committee, and we appointed them, subject to the confirmation of the full Board, but subsequently, I think from information the committee had, we were informed that they had visited the hospital, and had seen the lady superintendent—whether she had said something or not, I do not know—but we received a letter next morning to say that they had reconsidered their application, and declined to take these posts. The clerk wrote to them, and it transpired that the reason for their action was (and this is a question which has often been considered by our committee and many of our different unions) the Order of 1897 that was issued setting forth that the Local Government Board would sanction no appointment as lady superintendent if the candidate had not had three years training under a resident medical officer. The superintendent mentioned this fact to the probationers we had appointed, and stated that they would be in no better position at the end of their three years' training with us, with the result that they declined the appointments, notwithstanding that we laid before them the fact that we hoped to have the scheme referred to by Mr. Tilston in his evidence. I would say that we have had a considerable number of probationers with us from time to time; we take them first for a short

1229. You would limit the Boards of Guardians to whom you supplied nurses to those subscribing to your Yorkshire Association?—Quite so; but a compulsory scheme would be best. All Boards of Guardians training probationers would have a representative on the Nursing Board, and every union subscribing to the funds of the Board would have the privilege of asking for trained nurses being sent to them. Of course in the case of very small workhouses I would not ask the nurse to stay there very long, but I think you might have a system by which the trained nurse might be sent for one or two years to one of these smaller workhouse infirmaries, and then she might apply for a post in one of the larger ones. You could thus have a constant change of nurses, without the trouble and expense of advertising.

1230. (*Chairman.*) I gather that you do not attach any great importance to the fact of the medical officer residing on the premises so long as he gives adequate lectures?—I think that the mere fact that he was there would have the effect of attracting a better class of women to be trained.

1231. I notice that you say in your precis that "The training given in infirmaries without a resident medical officer may be quite equal to the training given in institutions with one"—It may be, and it may not.

1232. You think we should retain that condition, that there should be a resident medical officer?—I do; but I would not bar every nurse who is not trained at a workhouse infirmary having a resident medical officer from becoming a superintendent nurse. I think if you have a nurse trained, say, in Hunslet, where we have no resident medical officer, and she afterwards spent two years in a general infirmary, she should be competent to take a post as superintendent nurse.

1233. You said there was no difficulty in getting nurses at the Leeds General Infirmary. Is that the case at the present time?—I cannot say. I went before the committee in 1899, and I was told then they had no difficulty in getting nurses. They had any number of applications from people to come in as probationers.

1234. That was in 1899, the case might be different now?—Yes, it may be different now.

time on trial, with the result that many were found utterly unfit for the work, and out of the number who have been retained by us, one unfortunately died, six passed their examination, but not sufficiently well to get a certificate, but we gave them a testimonial. The examination was not by our own medical officer, or by the lady superintendent, but we appointed a medical officer in the town to take the examinations. One hundred marks was the maximum they could get in the examination, but they did not even get the 50 or 60 which were necessary to get them a certificate, so we simply gave them a testimonial. Eight probationers refused to stay with us, one resigned, two who were with us on three months' probation sent a letter a fortnight ago, saying they did not care for the workhouse training, and the other eight are with us at the present time. We find that when a probationer's time expires they appear to be prompted by a desire to extend their knowledge and experience, and seek employment in general, fever, or other hospital work, or take up private work. There is no doubt that there will have to be some very much higher standard of training in order to attract more suitable probationers to present themselves for this employment.

1238. Has the difficulty increased of late years?—Very much, sir. At times we have had plenty of applicants, but not good ones.

1239. You don't get small farmers' daughters?—Oh, no; I don't remember one applying. They have only local applicants; one did come from Sheffield, but she would not stay three months.

1240. They are all town girls that come to you?—Yes, no country girls whatever.

1241. What do you attribute the difficulties to?—One of the difficulties is that before they come into it they think it is a very nice occupation, but after being with us for three months they do not care much for it. We have two hospitals, one with 100 beds for acute cases and ordinary cases, and the other, the old hospital for

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190 beds, which are mostly occupied by chronic cases, in which simply care and attention are required—they practically go there to end their days. When these probationers come to realise what this kind of nursing means they regret having commenced it, and they soon seem to sicken of the whole work. There is no change practically, there are not even any infectious cases, it is simply to drudge from morning till night for these helpless people.

1242. But can you offer any suggestion as to how to remedy these things?—The difficulty is to remedy it. We make it as attractive as we possibly can. They have a fair amount of holidays, good food, and good rooms. We have not separate rooms, but there are only two beds in a room, and they have a fortnight's holiday in the year, and everything is satisfactory as far as possible. Perhaps there is one thing that has not been mentioned. Very often you get a lady superintendent who is a little bit high-spirited, and probably drastic in her requirements, which they do not care for.

1243. As to the question of friction with the master and matron, have you any suggestion to make on that point?—Of course where the hospital is quite separate and distinct from the main building the lady superintendent should have sole charge. I certainly think that the doctor and the lady superintendent should have sole charge of the hospital, so far as nursing and cleanliness are concerned, and that no interference should be allowed by the master or matron, except so far as general stores are concerned. It seems to me that this ought to be an easy and simple matter, but we have had great difficulty in the matter of stores. In sending to the laundry, friction is very often caused through not checking all the different articles sent. I should suggest that if this matter could be altered it would be well to do it, in order to keep the lady superintendent entirely apart from the master and matron.

1244. There is one other point as to the qualification for superintendent nurses. Do you consider that the requirement of three years' training in a recognised infirmary or hospital should be maintained?—I do not consider that three years is sufficient for a lady superintendent. I think she requires some additional experience as well.

1245. You think she should have a further certificate?—Yes.

1246. Do you set any store on residence of the medical officer in an institution?—I do not agree with it; because they have nothing, only these chronic cases. We have in our institution no surgical cases at all—all operation work is done at the general hospital. There is something to be said on the other side. If you are to train your probationers probably it would be well to have an operating room at the institution, but I think, considering all things, I do not favour a resident medical officer. I cannot see for the life of me what he would have to do for the rest of his time.

1247. The point is, are we to insist on there being a resident medical officer if the probationers trained there are to qualify for the post of superintendent nurse?—I do not think so; if he takes the probationers round the wards, and see that the patients are properly attended to, and explains to them the different diseases as they pass through, I do not think it would be necessary at all.

1248. (*Mr. Knollys.*) May I ask what you propose to substitute for the resident medical officer?—Well, I should certainly keep them as they are at the present time.

1249. If probationers are to be trained in a training school for nurses, what condition shall be required?—Our medical officer gives them lectures once a week for nine months, at least, in a year.

1250. But what should constitute a training school?—What would you substitute if you did not have a resident medical officer?—I have really not considered that point at all.

1251. I understand you had a great scarcity of applicants for vacancies as nurses at Hull?—Yes, sir; a great scarcity of charge nurses—that is so.

1252. What salary do you offer?—£30, with rations, and uniform.

1253. Were the quarters good?—They were.

1254. There is no special reason why they should not come to Hull?—No, none that I know of.

1255. They cannot be certain of having a bedroom to

themselves, can they?—The charge nurses have a separate bedroom, but not the probationers.

1256. I suppose directly your probationers find out that your training does not qualify them to be superintendent nurses they want to leave?—Not necessarily; they get a very good training as far as we are aware.

1257. But it does not give them full qualification?—No, sir, it does not.

1258. You suggest that there should be improvement in the officers' dietaries?—Yes; but that is not so far as we are concerned; it is in other unions.

1259. But is not that absolutely within the discretion of the Guardians?—That is so; but all Guardians are not alike in this respect; some are not so liberal as others.

1260. You think they should be given extended leave. What leave do you give your nurses?—A fortnight, sir; but some of them complain very much that it is not sufficient, and we often have to grant additional leave. We appointed a lady superintendent the other day, and the first question she asked after accepting the appointment was what leave she would get, and when she was told a fortnight she said that was not enough; she should want a month at least.

1261. I understand that you would not materially alter the relations between master and matron and superintendent nurse in an establishment where they are under one administration?—I said that I should give the lady superintendent and the doctor sole charge so far as nursing and cleanliness was concerned, but so far as stores are concerned I should let the master and matron have charge of them.

1262. You would not give the matron any power in the sick wards?—No, sir.

1263. Of any sort whatever?—No, sir; except looking after the clothing being clean and in proper order, but not so far as nursing is concerned.

1264. But looking after clothing, would not that bring her into conflict with the superintendent nurse?—Not if it is carried out on proper business lines.

1265. Would you extend that of bed linen—sheets and so on?—Certainly; the superintendent nurse should be able to get as many sheets as she wanted, but it would be the matron's duty in case of renewal to see that the old ones were accounted for.

1266. Supposing the superintendent nurse thought they were necessary, and the matron thought they were not necessary?—If the matron is there she ought to have some little charge.

1267. (*Dr. Downes.*) I understand, Mr. Atkinson, that there is some training for probationers in your infirmary at the present time?—Yes, there is.

1268. And they have a certificate at the end of their training if they can pass the examination?—Yes.

1269. You mentioned the case of some nurses who failed in the examination, and in that instance you gave them a testimonial. Is there not some disadvantage in giving this, if they cannot pass?—I don't think so, sir, because we have had one or two cases that have left us, and they have gone into private nursing, with the result that they have turned out very successful. Even those who cannot pass feel they should have this testimonial to say how long they have been with us.

1270. Have you inquired what becomes of probationers who, having taken their certificates, leave you?—I believe one is a superintendent nurse at the present time, sanctioned by the Local Government Board, I believe; some have got married, and they have left; but we really have no knowledge of their after life, sir.

1271. (*Dr. Fuller.*) I do not quite understand what union you represent; is it Sulcoates?—No, the Incorporation for the Poor of Kingston-on-Hull. It was an old charter granted in 1698.

1272. Then it is purely a town union?—Yes, sir.

1273. Have you any scheme of training in your infirmary submitted to you as a Board of Guardians?—Yes, sir.

1274. Does your superintendent nurse give lectures?—No, sir, only the doctor; she takes the probationers round the wards and coaches them in their work.

1275. You do not really know that there is any scheme or curriculum followed at your infirmary?—Oh, yes, there is a certain curriculum. We have spent a good

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deal of money in books, etc., for them. I am sorry I have not the paper with me, but I will send it if you would like to see it.

1276. As regards accommodation, has not that been a trouble to you?—No, sir, it has always been satisfactory; it is considered splendid accommodation—they all dine together.

Mr. Senior Fothergill.

MR. SENIOR FOTHERGILL, called; and Examined.

1279. Mr. Senior Fothergill, you are, I understand, President of the National Poor Law Officers' Association; is that the title?—Yes, I am, sir.

1280. You are yourself, I understand, Superintendent of Out-relief at Birmingham?—I am, sir.

1281. That does not bring you into contact with nurses at all, does it?—No, sir, not immediately.

1282. Have you before held a position which has brought you into contact with nurses?—No, I have not, sir.

1283. Then perhaps Mr. Leach had better give us his evidence first?—I have no objection to that, sir.

1284. But there are one or two points on which I should like first to hear you. I notice that you are in favour of there being two classes of nurses, one with a first class certificate and one with some lower certificate. What do you mean by "first-class" certificate?—I am

1277. Is not the accommodation rather cramped?—Not at all, sir.

1278. There is one other question. As regards the friction between the superintendent nurse and the master and matron, has that been a trouble to you as a Board of Guardians?—Not so much recently; but we have had friction with other nurses just the same.

of opinion that there should be different classes of certificates, that probationary nurses should have three years' training, and then sit for examination. A third class certificate should be given to those who are competent to efficiently nurse chronic cases, and a second class certificate should qualify for the position of sister or charge nurse. In the first instance no certificate should be given above the second class, but any nurse who had obtained that certificate should be eligible to sit for examination at the end of another year's service, when organisation and domestic duties should form part of the examination, and if satisfactory a first class certificate should be given, which should qualify for the position of superintendent nurse. Every superintendent nurse should also possess a diploma of the London Obstetrical Society. These qualifications appear to me necessary for the efficient training and supervision of a staff of nurses. There should be a standard or uniform examination at all training schools for nurses.

Mr. Charles H. Leach.

MR. CHARLES H. LEACH, called; and Examined.

1285. (*Chairman.*) Mr. Leach, do you hold an official position in the Poor Law Officers' Association?—I have been President.

1286. You are ex-President of the Association now, then?—Yes, the ex-President.

1287. I believe you are also Clerk to the Guardians of the Darlington Union, are you not?—I am.

1288. As to the qualification of nurses, do you consider there should be any alteration in the rules we have laid down in that matter?—I may say that, of course, I have not a great deal of practical experience of the nursing question, but we have taken a great deal of trouble to collect information from not only nurses, but medical men, masters and Poor Law officers generally on the question. I have been sending out inquiries, and have here a large number of replies from many of the large and small unions in the North of England, both from masters and nurses, and also from clerks. I do not think it is necessary to alter the qualifications as set out in the Nursing Order for nurses—that the nurse must have had some practical experience of nursing: I am speaking now of nurses as distinct from superintendent nurses.

1289. That is for nurses; now as to probationers?—As to probationers; we train probationers at Darlington; I think the so-called training in these smaller workhouses is of very little value, and I know some of our so-called trained nurses have found it necessary to go through a whole three years' course afterwards in order to make themselves in any way qualified to take a responsible position.

1290. You have not a resident medical officer, have you?—No, we have not. As to that, in one union—I refer for the moment to Rochdale—they are about to have a resident medical officer, but I am very sure that their course of instruction cannot be more complete and thorough with a resident than it has been with a non-resident medical officer.

1291. Have you found any difficulty in getting probationers?—None at all; in fact, not only at Darlington, but at Bradford, Birkenhead, Sheffield, Liverpool, and other places probationers are forthcoming "in hundreds"; that is the reply from Sheffield, and at Bradford they had 67 applications last year for only 10 vacancies. But there is a general complaint that the class of probationer they get is not always a desirable one.

1292. These 67 only applied; they did not inquire into their character?—In the ordinary course they would make an application, and the Guardians would make a selection from amongst those applying.

1293. Have you any experience whether there is any difficulty in obtaining nurses for other institutions besides Poor Law institutions?—I have not any other experience; there is no doubt a dearth of nurses generally. I would like to suggest, with reference to the superintendent nurse, that it ought to be possible for a nurse who has had practical experience and training to qualify herself as superintendent by submitting to some examination. Just as in the teaching profession you have a certificated teacher who is either trained or untrained, but both certificated; I speak for the moment as a member of a school board. It seems to me that where a nurse has had practical experience it ought to be possible to put that experience to some test, and if the test be satisfactory, then, though she may not have been in a place that is recognised as a training school, the issuing of the certificate ought to follow.

1294. But the order says that "unless the Board dispense with the requirements, it must be a three years' training in a hospital or infirmary with a resident medical officer, and in a place recognised as a training school." The Board have the power to dispense with that requirement?—Yes, and I would like to suggest that where you have once dispensed with the requirement of your Order, that that nurse, on seeking a subsequent situation, ought to be able, without it being again an act of grace on the part of the Local Government Board, to say, "I am recognised as a superintendent nurse"; in other words, if you have once judged a nurse on her merits, it ought to carry with it that with her greater experience she should still be recognised without having to seek a fresh decision of your Board on that point.

1295. I suppose your experience as an Association has been that the great difficulty is in the smaller workhouses?—That is so; it is very largely a question of salary and conditions of appointment. In many of these places the nurse has to do both day and night duty; she is on duty for 12 hours at a stretch; there are no proper apartments, and no adequate and recognised leave of absence. At Teesdale, near us, there is a charge nurse, with some 16 or 20 beds; she is assistant matron as well, and for all this is paid the handsome salary of £25 per annum. At Sheffield the clerk tells me that when they paid £30 to £32 for a charge nurse they had some difficulty in getting one; but when they raised the salary from £32 to £36 he had less difficulty.

1296. Have your Association suggested, or can they suggest, any method of remedying the difficulty in the smaller workhouses?—We say that if the conditions of service were more attractive, the demand would be more approximately met, but whether your Board can do any-

thing much in that direction I am not sure. If they could induce Boards of Guardians to offer conditions of service sufficiently attractive the nurses would go to them, but the small salaries and the constant duty and absence of any recognised leave—with all these drawbacks we cannot wonder that there is a difficulty experienced in some places.

1297. How would you meet the difficulty of leave of absence in a small workhouse where there is only one nurse?—It seems insuperable with one nurse. I do not see how it could be met. There is one thing, in many of these places there are no acute cases; most of the sick are suffering from senile decay and infirmity, paralysis, and so on; the amount of nursing proper is very small.

1298. As to the definition of the respective duties of the officers, have you any suggestion to make as to that?—I find that most of the Boards find it necessary, or deem it necessary, themselves to define the duties of superintendent and charge nurses and probationers. My suggestion is that the Local Government Board should themselves define or set out what these respective duties are; I do not take upon myself to say exactly what the definition should be. One suggestion I would make is that there should be model sets of rules that Guardians might adopt according to circumstances in their workhouse. The definition of duties as they exist in the Consolidated Order are just as brief as they possibly can be; there are only three, of a most elementary character, and long since Boards have found it necessary to draw up their own rules; and that in some places leads to trouble, because of the difference in the rules of one place to those of another, to which a nurse may have been accustomed.

1299. You have, I think, some general suggestions to make?—Yes, I wish to make a suggestion that the training—the three years' training—in a hospital or infirmary might be recognised, even though it was not all in one institution, so long as the training was continuous. It might be an advantage to many nurses to break their training.

1300. I do not think it is necessary that it should be continuous now?—That is the general view taken of it. The Order says "a course of three years at least in any training school." The words "any school" seem to imply only one.

1301. Your Association take it that it must be in the same institution?—Yes, and I think that is the general impression. One of the superintendent nurses suggests that in many places the amount of surgical experience is very limited, and it would be a great boon to many nurses if they could serve one year here and two years there.

1302. You do not suggest that that interpretation has received the sanction of this Board?—No, but I think it is a fair construction.

1303. Your next suggestion is with regard to superintendent nurses, I see?—I do not think I need labour that point, but I believe it is admitted that there is no power to suspend a superintendent nurse. I do not think it could have been the intention that she should be in a more secure position than the medical officer or the master.

1304. Then you wish to say something as to the training of probationers in the smaller workhouses?—Yes, I feel that it is of little value, and the experience given in some of these smaller workhouses cannot be very valuable to a nurse; I think there ought to be a limit. I have told you that nurses often find it necessary when trained as probationers in small workhouses to go afterwards and begin *de novo* in some hospital or infirmary, with this drawback, that some places would deem that the experience they had already acquired was more of a drawback to them than a benefit or an advantage.

1305. I understand your fourth suggestion to be that all nurses should have the same tenure of office as superintendent nurses?—By this Nursing Order of course the Guardians have no power to dismiss a superintendent nurse without the consent of the Board. Under the Consolidated Order the nurse was put, and deemed to be practically put, in the same position as the porter, and the Guardians have power to dismiss her without seeking the concurrence of this Board. I feel that it would lift the position of the nurse if she could feel a little more secure; I am speaking now of the nurse as

distinct from the superintendent nurse. You have given a security of tenure to the superintendent nurse, but you have not altered in any way the position of the nurse from what it was in 1847. Her duties and the power of the Guardians remain the same.

1306. (*Mr. Knollys.*) Mr. Leach, I gather that you propose to withdraw from the Guardians certain powers which they already possess?—That is so, with reference to the nurse; she was treated in 1847 as a subordinate officer, and she is still in that position.

1307. The Guardians already possess that power, and you propose to withdraw from them certain powers which they possess?—The Local Government Board themselves did that in the case of the superintendent nurse.

1308. But the superintendent nurse was a new officer?—I am certain if the Board would do it, it would be deemed a great boon by the nurses in particular.

1309. Do you think it would be deemed a boon by the Guardians?—By sensible and reasonable Boards there would be no objection taken, and unreasonable ones object to everything.

1310. Have you evidence that there is any general difficulty in obtaining nurses for the larger workhouses?—No, they keep up the supply by the introduction of probationers, and carry them on in due course to charge nurse. Whether they can make her into a superintendent nurse depends on whether they have a resident medical officer.

1311. The difficulty is then in the small workhouses?—Yes.

1312. And it arises, not from want of nurses, but from the character of the work to be performed by them?—And the conditions of service.

1313. There is a supply of nurses, but they will not take these particular situations?—Yes.

1314. As to obtaining probationers, you have no difficulty whatever at Darlington?—None whatever, and that is the general experience as gathered by myself from other unions.

1315. Do the probationers understand that if they are trained at Darlington it will not fit them to become superintendent nurses?—I think so; some of them probably do not understand it until they have entered into the service.

1316. You do not tell them clearly beforehand?—I am afraid it has not been explained to them.

1317. You spoke of dispensing with the qualification as regards superintendent nurses on certain occasions. May it not be the fact that the Board are willing to dispense with the qualification, not solely upon the merits of the nurse, but having regard to the particular post she is going to take?—That might be.

1318. Therefore it might not do to make it generally applicable?—Oh, yes, I see; the Board have to consider in every case whether the requirements of the Order should be dispensed with.

1319. You propose to substitute some other conditions for the training school for nurses, do you not?—I have not touched that point, except that I suggest there should be something analogous to the teaching profession, that there should be some examining board.

1320. But do you think that the requirement that there should be a resident medical officer is unnecessary?—I do.

1321. What would you propose to substitute for that?—I would suggest an examination test by an independent body.

1322. You would not propose, as Mr. Fothergill does, a certain number of beds in the infirmary?—No; if the Board could do it, I would suggest that there should be a periodical inspection by your medical inspectors of the workhouses, and that they should be able to grant certificates of different grades of nurses as found there. There is no general periodical inspection of workhouses by medical inspectors as apart from the Lunacy Commissioners.

1323. (*Dr. Downes.*) How many beds have you in the sick wards at Darlington?—I think about 40.

1324. I understand that you have no difficulty in obtaining probationers?—No.

1325. Have you any difficulty in obtaining nurses?—No, no great difficulty; the choice is somewhat limited,

Mr. Charles H. Leach.

Mr. Charles H. Leach. but an advertisement generally brings, say, a dozen applications.

1326. Where do you advertise?—Generally in the "Poor Law Officers' Journal" and in "The Hospital." Local advertisements are of no value for nurses.

1327. You have tried them?—Yes.

1328. You suggested that if the conditions of service could be made more attractive, the difficulties of obtaining nurses might be met. Can you suggest any way in which the Local Government Board might be able to induce the Guardians to do this?—That is the difficulty. The Board might perhaps make a representation that in many cases the emoluments are far too low to attract nurses of the class required. I would not suggest that Guardians must *ipso facto* pay a certain sum. If there was a grant for nurses on the lines of the teachers' grant, the grant would be dependent on the salary paid by the Guardians very largely; and they might be more willing to make the conditions of service more nearly the ideal than they are in many of the small workhouses.

1329. Can you suggest any source of such a grant?—I can only suggest the taxpayers' pockets.

1330. Do you receive any repayment of officers' salary at the present time?—We get, as other unions do, what is practically a lump sum grant under the Local Government Act of 1888. The Parliament of that year had money to dispose of, and eventually it took the shape of giving to Guardians the whole of the salaries paid, and the cost of rations and medicine during the year which closed previously. That sum was fixed then, and has not been altered. I believe you have had a suggestion that it ought to be revised every five years. All Guardians are getting to-day exactly the same grant they got in 1888.

1331. Would you make any suggestion following out that particular line?—I think a revision of the grant every fifth year would be valuable, because then Guardians would get some return. You pay the whole salary of every officer as the salary was in 1887. It would require legislation, but if you could bring it up to date every fifth year it would mean that guardians would get back again from Imperial sources any increased salaries they paid to nurses.

1332-3. Then you suggest that the service of a probationer might be in several training institutions instead of in one. You are perhaps not aware that it has been ruled that that service may be in several institutions?—No, I was not aware of that; it is not generally known. The suggestion came to me from the superintendent nurse at Chorlton. If the Board were to alter this Nursing Order I think they might make the terms of the order in that particular place such that an ordinary individual could construe it without having to find out first what is the practice of the Board.

1334. (*Dr. Fuller.*) I should like to know whether your association proposes to give any evidence on Reference 4?—We are not prepared to make any suggestion for enlarging or altering the duties of the master, but we do make a suggestion or two in reference to the matron. I think the matron might be relieved of the duty cast upon her to visit morning and evening the female sick wards, and we think, too, the duty cast upon her in reference to the sick—she is practically made responsible for the care of the sick—might be deleted from the Order where there is a superintendent nurse. Article 210 (12) says she is to take proper care of the children and sick paupers: I think that, so far as regards the sick, might be removed from the matron where there is a superintendent nurse. I would even go so far as to say that it ought to be removed from her where there is a nurse who is not a superintendent nurse.

1335. (*Mr. Knollys.*) Article 208 (10) says: "To visit all the wards of the male paupers before nine o'clock every night in winter, and ten o'clock in summer, and see that all the male paupers are in bed, and that all fires and lights therein are extinguished, except so far as may be necessary for the sick." Does your Association consider it is desirable that that should be altered?—I think, so far as I may voice the Association, we agree with that as regards the sick wards.

1336. (*Dr. Fuller.*) I do not quite understand the suggestion on the part of your Association that security of tenure should be given to the ordinary nurse. Why do you propose that? Where is the hardship under existing regulations?—The Guardians may for any reason or no reason determine the engagement at any time.

1337. Do you know of your own experience whether this is a frequent or fairly frequent occurrence?—I know some of the difficulties there have been in different places.

1338. But I speak of the ordinary nurse—not of the superintendent nurse?—I have heard from time to time of nurses being dismissed, and the nurses generally contend that the dismissal was unjustifiable; but I cannot say that I have known any case in which I have gone into the merits of it.

1339. This is a very extraordinary and occasional occurrence—the dismissal of a nurse, is it not?—I could not quote to you facts, but I should not think it is so very rare. My point is this—you did a great deal in the early years for the schoolmistress by giving her a certain status in the workhouse, but you still leave the nurse where she was in 1847. You would probably tend to improve matters by lifting her out of that groove. She ought to be an educated person and a trained person, whilst the porter need not be either.

1340. Might I suggest to you that the nurse herself often leaves the Guardians without any notice?—Yes.

1341. It is not at all an infrequent occurrence for the nurse to leave in this way?—Not at all. The clerk at Teesdale says nurses do not stay there long—they leave there of their own accord.

1342. You suggest that the Guardians should have power to suspend a superintendent nurse. Would you suggest that Guardians should also have similar power as they possess now in the case of a master and matron, to terminate their appointment before the expiration of the first twelve months?—There does not seem to be any good reason why that probationary period should not apply to the superintendent nurse.

1343. Would you suggest that it should apply to all persons who hold a like appointment?—I think it is a little unfair to a person who has gone through a probationary period that he has always got that probationary period in front of him.

1344. You suggest that this Board should give a nurse who had acted as superintendent nurse in a permanent capacity without being qualified to hold the position, a general approval of her qualification for that position by reason of that service?—Yes, but my views have been altered somewhat by Mr. Knollys' very pertinent remark that you judge her fitness for the place where she is proposed to be employed, and that the Board's decision might be different if it were proposed to put her in another place—in other words, the Board might think her sufficiently qualified to be superintendent nurse at A, but not sufficiently qualified for B.

1345. Apart from that, would you suggest that you would fix a limit for a nurse who had been trained in an unrecognised school, that she should serve three years in the capacity of charge nurse before being allowed to attain the position of superintendent nurse. Would you like that suggestion?—Yes, I think that would be a very good thing.

1346. Would you increase it to four years as charge nurse if she had only two years' training in a small workhouse?—Yes, I think so.

1347. You say you do not propose to make any limit as regards the number of beds in a training school?—No, I have made no suggestion upon that. There is no consensus of opinion in our Association upon that. The only opinion seems to be that if a nurse has theoretical and practical knowledge to qualify her examination, it ought to be open to her. A teacher may qualify by teaching only without training at a training college, and yet she is certificated, and holds the same position as one who has gone through the course.

1348. Have you any suggestion to make as to the limit of age for probationers?—We have taken them from 18 to 19 at Darlington, and I think that is the best course, because they are still young enough when they have finished with us, if they want to follow the profession, to go up to a general hospital.

1349. Do you know any reason why you should limit the age? Do you think it is wise for a woman to enter the Poor Law service under the age of 21 or 22?—If the training school was one you would recognise, I think 21 or 22 is early enough. But if it is not to be recognised as a training school I think she might be allowed to go earlier.

1350. You said you did not agree with the training in small workhouses?—I suggested that the training was

not of much value. I mean there is nothing in the way of lectures or anything of that kind; there is no examination in many of them, and I do not know that there is any necessity even to peruse a text book.

1351. I was taking it in reference to your statement that you would allow a nurse under 21 to enter a workhouse which was not necessarily a training school?—I suggest that there should not be any training in small workhouses, because it is largely valueless.

1352. In the course of your investigation as to the terms of service in the Poor Law, did you ascertain whether many probationers leave the Poor Law service

after their term of training has been completed?—So far as my own knowledge goes, they always leave at the end of their period. *Mr. Charles H. Leach.*

1353. Do they leave the Poor Law service?—Not in large workhouses. The last three we have trained at Darlington have left the service. I should like to make one further suggestion. Would it be possible that there should be some list of institutions which are recognised as training schools? It is not largely known to the service what infirmaries or hospitals are recognised by the Board as training schools.

1354. You put that forward as a suggestion?—Yes.

Nurse X., called; and Examined.

Nurse X.

1355. (*Chairman.*) You are, I understand, at the K— Nursing Institution?—Yes.

1356. In what capacity?—As a private nurse.

1357. And before that you were at the — Union Infirmary, were you not?—Yes.

1358. For a year and a half?—Yes.

1359. When did you leave there?—Two years next May—in May, 1900.

1360. Where were you before you were at —?—I was at a private nursing home in — 16 years.

1361. Had you been in a Poor Law institution before?—No, I had not; some Guardians who knew me asked me to apply for this post.

1362. You had not held a Poor Law position before?—No, but I knew a good deal about the union in one way and another.

1363. You propose to give us some evidence as to the difficulty of obtaining requirements for the infirmary—that applies especially to clothing and linen, I suppose?—Yes.

1364. Did you find that your difficulty in obtaining requirements extended to food?—Sometimes.

1365. You asked for it from the kitchen, and could not get it?—Yes. Once the doctor ordered brandy for a man who was dying, and the master would not give it, and the matron told me that I had no right to ask for it. Neither the master nor the matron would give it to me.

1366. Apart from your own experience in Poor Law service, do you think there ought to be some change as to the method of obtaining requirements for the workhouse?—Yes, decidedly.

1367. What change would you suggest?—I think that superintendent nurses should have what they want, and that the master and matron should not be allowed to refuse it.

1368. And if they thought she was extravagant they would have to report that to the Guardians, I suppose?—Yes; but some Guardians do not know what is required. I had great difficulty in getting linen from them—they thought drawsheets unnecessary.

1369. You had a considerable staff under you at —, I suppose?—No, very few nurses; there were, I think, eight altogether, none of them trained, except one, a very old one, who had been there longest—I think she told me she was trained.

1370. Did you give leave of absence to the staff of nurses under you?—No.

1371. Was that entirely in the master's hands?—Yes, it was at first, until I made a fuss about it; then the Guardians made a rule that they were to ask me, but still they went to the matron.

1372. Would you approve of the Guardians making rules on that matter?—Yes.

1373. You have something to say on the admission and discharge of patients, I believe?—Yes, I have.

1374. Is it your opinion that no inmate should be discharged from the infirmary without a consultation with the nurse?—She should certainly know when a patient is discharged, but it is more important that she should know of admissions. The first week I was there the master told me a man had been admitted—brought in on an ambulance by the police. He (the man) said he was very ill, but in his opinion he was shamming. He bathed him and put him to bed in the sick wards. He said, "You need not go to him—the man is only

shamming"; but still I went, and it turned out that that man was very ill. I sent for the doctor, and in four hours that man was dead (acute peritonitis).

1375. How would you decide whether the person who came for admission was to be considered as sick at all?—Of course, the nurse would have nothing to do with him until he came to the infirmary, but should see anyone complaining of illness in absence of the medical officer, especially when the latter is non-resident.

1376. This man was brought to the workhouse door, but the master thought he was not sick; would you have the nurse see everyone who came for admission?—If they were ill, certainly.

1377. But who is to decide whether a person is ill?—If a man is sent by a police doctor and on an ambulance, you would suppose he is ill.

1378. You would propose that if anybody is sent by a doctor the nurse should see him?—Yes.

1379. Have you known any instance in which a patient was discharged when really unfit to go out?—Yes; one instance occurred at — when I was there.

1380. You think that the superintendent nurse should have power at any rate to send for the doctor before allowing a patient to be taken out?—Yes, certainly.

1381. You say that none of the nurses under you at — were trained?—No.

1382. Do you mean not trained at all?—Two had been imbecile attendants, and one had been helping at an industrial school; there were also two imbecile attendants in the infirmary.

1383. (*Mr. Knollys.*) I want to know, Miss —, whether you are acquainted with Articles 91 and 92 of the General Consolidated Order? Article 91 says: "As soon as the pauper is admitted he shall be placed in some room to be appropriated to the reception of paupers on admission, and shall then be examined by the medical officer." And Article 92 says: "If the medical officer, upon such examination, pronounce the pauper to be labouring under any disease of body or mind, the pauper shall be placed in the sick ward, or in such other word as the medical officer shall direct." Therefore, if the master thought a pauper was suffering, he had no business to place him in a sick ward before being examined by the medical officer. If these orders were carried out it would prevent such a thing as you have suggested. You say the master sent a pauper whom he thought was shamming straight to the sick wards; do not these articles provide for his not doing so?—The master did generally send them to the sick wards, or the matron or porter; I have known an inmate do so; and sometimes the doctor, who was non-resident.

1384. (*Dr. Downes.*) When you sent for the medical officer, how did you send?—Through the master—I used to ask him to telephone.

1385. Did you write to the master, or send a message?—Sometimes I wrote and sometimes I asked him.

1386. There was a telephone to the doctor's house, was there?—Yes.

1387. In the case of dying patients, how was notice sent to the medical officer?—Through the master.

1388. Had you ever any difficulty in regard to that?—No.

1389. (*Dr. Fuller.*) Do you know the Nursing Order of 1897?—Yes.

1390. Do you remember Article 2, which reads: "No person shall be appointed by the Guardians to the office of nurse or assistant nurse in the workhouse with-

Nurse A

out having had such practical experience in nursing as may render him or her a fit and proper person to hold Article 3 of this Order." Did you find that apply in the case of a female assistant nurse in a workhouse where there is a superintendent nurse, as required by Article 3 of this Order." Did you find that apply hardly in your experience at ———?—They could not get nurses.

1391. Was that the reason why they appointed people of no experience?—Yes; and for economy—they could not get trained nurses under £30, and they gave £25. It was very difficult to work with them; they thought they were appointed as nurses, and that they knew everything. If I told them to make a poultice they thought they knew as well as I did how to do it. There

Dr. T. G.
Macormack.

Dr. T. G. MACORMACK, called; and Examined.

1396. (Chairman.) Dr. Macormack, what has been your experience in Poor Law nursing?—I have only occupied one position—I have been about nine years medical officer of the Newport Union, Monmouthshire.

1397. You still hold that position, I suppose?—Yes, sir.

1398. You have a scheme, I understand, which you would suggest as helping in the subject of our inquiry. Could you lay it before us?—I have handed in to you the notes of my scheme. My object is to try to get nurses to come to our workhouse infirmaries, capable nurses who are trained, and to avoid the trouble of having to get women who are untrained or only half trained, the difficulty we now experience in the matter of nursing.

1399. You put details of the suggestion which you wish to lay before the Committee, and I suppose you are prepared to answer questions upon it?—Yes, sir.

1400. I gather that the scheme is that there is to be an examining committee appointed by this Board?—Yes, sir.

1401. And I suppose the Exchequer would have to find the funds?—I suppose so, sir.

1402. You are aware that this is an initial difficulty?—Yes, but I do not think it is really a practical difficulty.

1403. You do not suggest that we should guarantee employment to those to whom we grant certificates?—No, sir.

1404. They would have to find their own positions?—Yes, sir. The example of the London Obstetrical Society is one that might be useful.

1405. Are their candidates examined by a Board created by Government?—No, sir; but they are examined by a board which grants a certificate as to certain qualifications after examination.

1406. I gather that you are satisfied with the qualifications which our Order imposes for the position of superintendent nurse?—No, I am not satisfied with that. I am not satisfied that a nurse should have to be under a resident surgeon; but I am only not satisfied with it because of the difficulties in getting them. I think there ought to be an examination which would do away with the necessity for training under a resident surgeon. If they passed the examination and had had training anywhere, I think it is quite sufficient.

1407. Would you have two grades of certificates in your scheme?—Three grades, sir.

1408. And those holding the highest grade certificates would, I suppose, be qualified as superintendent nurses?—Yes, sir.

1409. Those holding the second would be qualified for what?—For charge nurses, but also as superintendent nurses.

1410. And those who hold your third grade certificate?—They would be charge nurses in medical or surgical wards. I think I might modify that by saying that instead of having only one of the three (medical, surgical, or midwifery), it might be compulsory to qualify in two of the three.

1411. I do not think we quite understand each other, you meant three sorts of certificates, I meant three grades of certificated nurses; did you mean that?—Oh, no, sir, I did not mean that. My idea is this; this

was not one in the building who could make a proper poultice.

1392. From your experience at ———, would you suggest that Article 2 should be further explained?—Yes.

1393. So that it might not cover the appointment of untrained, inexperienced persons as nurses or assistant nurses?—Yes.

1394. (Chairman.) Did you have any friction at ——— about the scrubbers in the sick wards?—Yes, we did.

1395. The matron selected them, I suppose?—Yes; and I had very great friction about cleaning the windows—I could not get the windows cleaned; in fact, there was friction about everything.

examination might be divided into three parts: First, a general knowledge of nursing; second, a particular knowledge of medical, surgical, or midwifery nursing; third, a practical knowledge.

1412. Part of our Reference is to consider the friction that now exists; do you wish to say anything about that?—I would like to say that the present dual control in our workhouses is very detrimental to nursing. The master and the medical officer often clash.

1413. In what way do the master and the medical officer clash?—The Local Government Board Orders say that in all matters concerning the treatment of the sick the medical officer has the power; in all other matters the master—the nurses are under the master. There is no proper division of responsibility and the line of demarcation is impossible. May I give you a particular instance?

1414. Yes, it would be well to illustrate?—A nurse may perhaps have been out five minutes late, she is taken into the master's office and reprimanded, and is upset. When you come and find her at her work she is in tears.

1415. Would you think the master ought to be the reprimanding authority?—No. I may give another illustration; the nurses find that when they have two authorities they may flout one or the other as occasion demands. Sometimes you may have some particular matter to bring before them; for instance, I wished the infirmary doors shut at a certain time—at nine or ten o'clock at night, and all nurses indoors, and that communication between the house officers and the nurses should be stopped. I found that when I enforced that I was told it was not my business. When I said that the infirmary doors ought to be locked and the nurses indoors I was told it was not my business.

1416. You said that the line of demarcation is impossible at the present time?—Yes.

1417. Would you suggest that we should lay down a line of demarcation?—The master should have nothing to do with it at all, even when they were in the same building. He should not be responsible for the infirmary at all.

1418. I suppose you would say that the medical officer should be the channel of communication between the superintendent nurse and the Guardians?—Yes.

1419. Do you think medical officers would be willing to undertake that?—They ought to be. Your present Orders are such as to make them if they are properly carried out.

1420. Such as to make him the channel of communication?—Yes, they can report anything they think fit respecting the infirmary, nurses or workhouse.

1421. On those things they have to report to the Guardians now?—Yes.

1422. So that it would not be much addition to their work to report to the Guardians the remarks of the superintendent nurse?—My suggestion is that they should report to a special committee—not to the Guardians—a committee constituted by the Board to consist of a certain number of members who would meet at certain times and have certain duties to perform.

1423. Then the superintendent nurse, the medical officer, and this committee of the Guardians are to control the infirmary quite apart from the rest?—Quite apart from the rest.

1424. (*Mr. Knollys.*) I believe at Newport the infirmary is part of the same building as the workhouse. Would you propose that there should be two heads for different parts of the building?—Yes, sir, I would.

1425. Each responsible for the discipline in that part of the building?—Yes, sir, and each having a committee to whom they are responsible.

1426. You think there should be two committees to control one building?—Yes, sir, at the present time you have two committees to control one building; you have a dispensary committee.

1427. (*Chairman.*) What is a dispensary committee?—It has to do with the dispensing of medicines. We have appointed a dispenser lately, and he works outside as well as inside. I think it is after the metropolitan. I do not know, sir, what you mean by the building, it is not necessary for anyone to be responsible for the building, I should think.

1428. (*Mr. Knollys.*) This dispensary committee is not an institution in all parts of the country?—I believe it is in the provinces—yes.

1429. But it does not control any discipline in any part of the house?—No, except the discipline I should say of the dispensary.

1430. It practically only has one officer under it?—Yes.

1431. And it communicates between the medical officer, the dispenser, and the Guardians?—Yes.

1432. And the committee control the dispenser?—Yes.

1433. And the medical officers are the media between the dispensary committee and the dispenser?—Yes.

1434. Would you settle who is to send the wardsmas into the infirmary—who is to appoint the wardsmas in the infirmary?—Well, that depends entirely on the size of the place; if you wished to carry out the thing in the manner in which it is carried out in the large infirmaries, you would have to appoint paid wardsmas.

1435. You would have paid wardsmas?—I would not say employ them in every case, because it would be an expense not always justifiable.

1436. If you did not have paid wardsmas, who would appoint the pauper wardsmas?—I would put the matter in the hands of the superintendents, just as we do at a general infirmary.

1437. But they are appointed from the paupers in the workhouse, and the superintendent nurse has no control over the workhouse?—At the present time in most infirmaries the wardsmas are not appointed from the workhouse. I am speaking of my own experience; they are appointed from the patients who are convalescent. I can give you an example. Only yesterday I had to sign the paper; we have to put a ticket on the board of each ward on which the appointment of the wardmaid is put up, and the medical officer signs it. These wardsmas are for the most part in my infirmary, and they are convalescent or chronic cases, rather than people who are taken from the body of the house; when it happens that we are short of such helpers the greatest difficulty is experienced in getting them from the body of the house.

1438. Then you keep convalescents in the infirmary longer than is necessary, so that they act as wardsmas?—I do not say that one would keep them longer than was necessary, because we have no convalescent home to send them to; they could only be sent to the body of the house, where they would have nothing to do but moon about.

1439. What is the size of your workhouse at Newport?—We shall have 600 beds when it is finished.

1440. Has there been any difficulty in obtaining nurses there?—A great deal of difficulty—a great deal. I think you will remember we started the scheme of training probationers about eight years ago, because we could not get nurses before that. Since that we have been able to have probationers. We have had to do with that. I have got them with ease. We had special sanction from the Local Government Board in 1894.

1441. Then your probationers trained at Newport are no longer trained for superintendent nurses?—They are not qualified for superintendent nurses.

1442. And you have had difficulty in obtaining nurses?—We cannot get assistant nurses. We can get nothing but probationers. We have had charge nurses

over and over again, and tried to keep them there to assist the superintendent nurse, because it is not possible for one head to carry out the whole thing with probationers. As they drop off—and they all seem to drop off at the same time—we have had great difficulty in getting anybody but probationers.

1443. What salary do you offer to charge nurses?—We are now paying £37 a year for one charge nurse; we were paying £28 and £32, and we pay £12, £16, and £20 for probationers.

1444. Are your quarters adequate?—No, sir, they are not; they are very bad. There is not a single lavatory for the nurses in the place except that used by the patients.

1445. Do you think your difficulty is connected with the special circumstances of Newport Workhouse?—I think there are several things as well as that. Various conversations that I have had make me think that it is not the particular circumstances of not having lavatories and baths, but there are a number of reasons.

1446. (*Dr. Downes.*) You suggest in your scheme that there should be an examining committee appointed by the Local Government Board. Is it an essential that such committee should be appointed by the Local Government Board? Would not some other competent examining body do?—I would like you to suggest some other competent examining body, sir, because I do not know of any other that would command the same respect as the Local Government Board.

1447. Have you heard of the scheme of the Yorkshire Nursing Board?—I have heard a little of it.

1448. Would you suggest some body like that?—No, I think not, because such an association would have no authority.

1449. Are you aware of the suggested examining body in the Yorkshire scheme?—No, I am not. I only know there is such a thing.

1450. It is the Yorkshire College which is suggested. Would you object to the Yorkshire College as an examining body?—No, I do not know the Yorkshire College from any other. I do not know what qualifications they might have.

1451. I ask you because it happens to be the examining body suggested by the Yorkshire Nursing Association?—I do not see any objection, except that it is not national.

1452. (*Chairman.*) What about the Welsh Central Governing Board?—I am afraid I do not know anything about that either. I am a Scotchman, sir.

1453. (*Dr. Downes.*) You would make it national; but would you not thereby withdraw the local interest, the local control, and local knowledge, which is of some importance in these matters?—But the examination I propose would be a purely intellectual examination.

1454. Well, now, would you admit that a clever woman might easily pass an intellectual examination and yet be a bad nurse?—Yes.

1455. How would you check that lady?—I should have no more means of checking her any more than I have of checking a clever medical student passing and getting on the register as a medical man, even though he may not be a good doctor. You must take the risk of that. Take the good with the bad.

1456. (*Chairman.*) But has he not to pass through some medical school?—I have already said that a nurse has to pass through some recognised training school.

1457. What is your definition of a training school?—An institution which turns out good nurses.

1458. (*Dr. Downes.*) You suggest that the training should be given anywhere, either in a general hospital or infirmary, irrespective of the number of beds?—Yes, wherever there were more than six beds.

1459. How would you get a training in places where there were only six beds?—I think you would get a training where there were six beds as easily as where there are 20 beds.

1460. Do you think the Local Government Board would be justified in accepting such a place as a training school?—Provided the nurses could pass the examination.

1461. And if a woman could pass, although trained in so small a place, you would take her?—Yes, you observe that there is to be a practical examination.

1462. Would the practical examination be by a

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doctor?—That would be a point to be settled by yourselves. I would say yes; you would have to get your local examiners, and instruct them to put your candidates through any examination you thought fit, just as one has to do in examining for ambulance certificates; you have to put these candidates through a practical examination.

1463. But supposing one takes a candidate from a hospital of 10 beds and gives her a case which she has never seen in that hospital to dress and nurse; in that case her knowledge would be entirely bookwork, would it not?—Oh, no, I think not; the knowledge of applying a dressing to a wound would not be entirely bookwork; it must be practical.

1464. But some diseases require special knowledge of methods of dressing and nursing?—Yes; but I do not think you could ask her to pass the highest examination in these things.

1465. But would there not be a risk that the Local Government Board would be placing upon the country women with what would practically be a Local Government Board certificate who could hardly be regarded as nurses at all in the proper sense of the word?—There is greater risk at the present time in allowing people to nurse who know nothing at all about it.

1466. But would you keep these women to workhouse nursing only?—We do not want to keep them to it; but if you make a certificate that is worth having, you would then get other nurses, and would relieve the situation by having plenty of applicants.

1467. I believe you train probationers in Newport Infirmary at the present time?—Yes.

1468. Is there a superintendent nurse?—Yes.

1469. And she trains them?—Who trains them? I think I train them. I do not think she gives lectures at the present time. It so happens that I am lecturer to the local body in physiology and ambulance, and they come to those lectures. But before that I gave lectures.

1470. Who teaches them to make a bed?—Oh, of course, the superintendent nurse teaches them that—I beg your pardon—of course, she teaches all that kind of thing.

1471. How long are they trained?—Three years.

1472. Is any certificate or document given to them?—Yes.

1473. What becomes of them?—The majority have gone to Cardiff to a nursing association there.

1474. Do they remain in the Poor Law?—No, only one has remained under the Poor Law.

1475. So that even training without a resident medical officer has not added to the supply of nurses in workhouses?—No; but the reason for that is that they object to the machinery in connection with the house and infirmary.

1476. Do you propose that workhouse infirmaries should be separated from the workhouse administration?—So far as you possibly could, yes.

Dr. Rhodes.

Dr. RHODES, called; and Examined.

1487. Dr. Rhodes, will you tell us what your position is in the Poor Law world?—I am past-President of the Poor Law Unions Association, and Deputy-Chairman of the Central Committee; I represent England on the International Committee for the Protection of Children; and I am also a member of the French Société Internationale d'Assistance Publique.

1488. You are also Chairman of the Chorlton Board, are you not?—I was Chairman of the Chorlton Board; I am Chairman of the Schools Committee now.

1489. Are you in private practice?—Yes, I am a medical practitioner.

1490. At Chorlton you have an enormous infirmary, I believe?—We have a large one; including lunatics and epileptics, there are 1,000 cases in it—700 in the infirmary proper.

1491. Is it entirely separate from the workhouse?—No, not entirely, and not entirely separate management. It is under the master; the hospital is in the same curtilage as the workhouse. It is not like the West Derby Hospital, removed entirely from it; Chorlton Hospital is in the same block of buildings—you go in the same gate.

1477. Would you propose any limit of beds in this connection?—I think there would require to be a limit, certainly, but I could not say what limit at the present moment.

1478. What is the total number of beds in your infirmary?—It will be over 200 when we have finished; it is 175 just now.

1479. (*Dr. Fuller.*) You say that the training may be anywhere. You do not propose to fix a limit of beds for a workhouse infirmary which is to be recognised as a training school?—I have named a limit in my scheme.

1480. The second point in our Reference is as to what regulations, if any, shall be made as regards the training of probationers. Your scheme relates to the training of probationers; would you propose to limit the number of beds in a workhouse infirmary to be recognised as a training school for nurses?—I have done that by the number of six—six in any case. I have said that you only want two years in any one place; the third year should be spent anywhere as an assistant nurse—that is why I put that point in.

1481. Do you propose that, subject to passing an examination, probationers trained by you should be eligible for superintendent nurses without any further qualification?—Yes, I think so, sir; I would let the best go everywhere. I see the difficulty there undoubtedly; but, after all, the difficulty is only one you have contended with for many years, and I do not think it would be so very great. My idea is that you would have a great influx of nurses under this scheme. The moment that Poor Law nursing is made attractive you would have a greater number of applicants for it than you have now.

1482. But I would put to you that the Nursing Order has greatly improved the status of nurses in the nursing world. Do you think that any retrograde step would not tend to lower the position of nurses in the nursing world?—I do not think this is a retrograde step.

1483. We have a large number of workhouse infirmaries where there are only from 10 to 20 beds; would you propose that a person trained in one of these should be recognised?—Yes. Your Nursing Order was a great improvement, but it does not give us anything like the number of nurses we want. Why not make the examination a separate one for superintendent nurses; there would be no difficulty in doing that.

1484. Have you realised that we recruit our nurses quite as much from amongst general hospital nurses as from Poor Law trained nurses?—Yes, I do; but it is very difficult to get the general hospital trained nurses to come.

1485. Do your probationers have separate rooms?—We have a convalescent ward divided up into cubicles for them. There are also two or three separate rooms on each floor.

1486. Have you anything to say about the food of nurses?—No, sir; everything is very good—the Guardians are exceedingly good.

1492. Have you a resident medical officer?—We have two resident medical officers.

1493. Therefore you train probationers who can become superintendent nurses?—We do.

1494. Has there been any difficulty in obtaining nurses at your infirmary?—No, none; we once wanted a staff nurse, but it is very rare indeed. I should think there are 50 or 60 applicants on the list to-day wanting to come and train as probationers.

1495. Your staff is recruited from your own probationers, then?—Yes.

1496. Do you find they stay with you?—Yes; we have two nurses who were there when I became a Guardian 20 years ago.

1497. Now as to probationers; do you find as many probationers come forward now as used to come forward?—Yes, quite.

1498. Well, then, you have no complaint to make on the part of your particular union?—None whatever.

1499. You hold an opinion that there is a difficulty in the smaller workhouses, do you not?—There is a difficulty in the smaller workhouses, especially where

they do not treat the nurses well, and have no proper accommodation for them.

1500. You lay stress on proper accommodation, do you not?—Yes, very great.

1501. In what respects is it specially deficient?—A nurse ought, in my opinion, to have a bedroom to herself, properly furnished. The superintendent ought to have also a sitting room, properly furnished, and the others ought to have a comfortable sitting room.

1502. You have all these things at Chorlton, I suppose?—The superintendent has her own private rooms, the staff nurses have a sitting room, and the probationers have also a sitting room, and then they have the use of the dining room in common—that is, the staff nurses and probationers.

1503. Have they all separate bedrooms?—Just now we have a few in cubicles, which we shall use for old people as soon as we have finished the addition to the present houses, but they are all in separate sleeping places.

1504. You have no personal experience of small workhouses?—I have been through many of them.

1505. Now will you tell us what salary you give to a charge nurse?—I forget, but I believe it is £33 a year, rising to £35. Then, of course, they get a uniform—we find the uniform.

1506. Have you anything to say as to the dietary of the nurses?—Yes; in the smaller unions the food is often not properly cooked—sometimes they have actually to cook it—and the food is also very monotonous; when it is not beef it is mutton, and when it is not mutton it is beef, week in, week out. They very often, I think, do not get sufficient nourishment; nursing is hard work, and they ought to get enough good food.

1507. What do you say about the holidays; are they insufficient in small workhouses?—Yes. I should also like to say I think a nurse ought to have two hours a day off duty.

1508. How would you arrange that in a small workhouse where there is only one nurse?—She will have to finish her work in the morning; the time comes when all the patients are dressed, and then she might go out.

1509. Then as to her holiday for some little period away from the workhouse—I mean her annual holiday?—She ought to have three weeks.

1510. But what are the sick in the workhouse to do?—The Guardian must get a *locum tenens*.

1511. Then part of our Reference is to define the relations between the various officers of the workhouse. Do you know, of your own knowledge, whether there is friction between the master and the nurse?—The friction is chiefly between the matron and the superintendent nurse.

1512. But you have no personal experience of it in your position as a Guardian?—I remember there was some little friction 10 or 12 years ago, but the difficulty was with the matron and the superintendent nurse.

1513. Have you any suggestions to offer as to how to avoid it?—The master must be supreme over the whole house.

1514. Then what about the matron?—The superintendent nurse must be supreme in the sick wards, with the exception of the master and the medical officer. Instead of sending every time to the matron for the linen she ought to have a store-room in her own department, and send the requisition for the linen she wants to the matron.

1515. Who would be supreme in the kitchen?—The nurse would have nothing to do with the kitchen, except the ward kitchen, if you have one; if she had a ward kitchen she would look after it; but the ration sheets should be made out, and the matron should supply them from the kitchen, as we do at Chorlton.

1516. And if they are sent at the wrong time or badly cooked or cold, she would complain, to whom?—The master, or the Board more likely.

1517. Would you propose to put her in direct relations with the Board?—The difficulty is that the master and matron are very often married people. She might put it in her weekly report.

1518. That would bring not the superintendent nurse, but the medical officer into the matter?—Yes.

1519. Your proposal is not that the superintendent

nurse herself should make reports to the Guardians?—*Dr. Rhodes.* I think it is better done through the medical officer.

1520. So that really the medical officer would be supreme, and not the nurse?—I am speaking of those small unions where there is no resident medical officer. When he is away I should make the nurse supreme in the sick wards. I take it for granted that the medical officer is the head official in the nursing in every way.

1521. Then your view is that the matron should have nothing whatever to do with the nurses?—Nothing whatever to do with the nurses.

1522. (*Mr. Knollys.*) Have you formed any idea as to what you would consider an adequate salary in the smaller workhouses?—They will have to pay more than the larger workhouses, because it is not as pleasant a life in the small workhouses as in the large—they will have to pay rather more.

1523. You consider that there is a sufficient supply of nurses, but they are unwilling to go to the smaller workhouses?—Yes.

1524. And therefore you suggest that the Guardians should pay more to induce them to go?—Yes, and try to make them more comfortable than they do, and allow them more holidays. I am afraid that in some cases there has also been meddling by individual Guardians, and that is, in my opinion, a very wrong thing—I am afraid lady Guardians are guilty of that; they have an idea that when they are elected as Guardians they are much in the same position in the workhouse as in their own homes.

1525. You mean although they are not on the Visiting Committee?—If they see anything they want altering it is their duty to bring it before the Guardians, not to alter it on their own authority.

1526. Have not the Visiting Committee a right to try and put things right?—Yes, but not each individual to make alterations.

1527. Therefore you distinguish individuals from the Visiting Committee?—Yes, there is a considerable amount of friction caused by individual Guardians trying to remedy things.

1528. Have you formed any opinion as to how many patients should be allotted to one nurse?—If there are acute cases, I should say eight. But if they are chronics—well, we have at Chorlton one nurse to twelve, taking night and day; but I should think twenty the outside, where the majority of cases are chronics.

1529. How would you propose to meet the difficulty as to night nurses in the smaller workhouses?—In many of the infirmaries of the small workhouses there are only old cronies. Well, if the nurse sleeps near, and there is a bell, there is always somebody in the wards who could manage to ring it; but if there are over 20 or 30 patients I think there ought to be a night nurse.

1530. One day and one night nurse?—Yes.

1531. But if there are only ten or seven patients?—Then she ought to sleep near, and there ought to be a bell or telephone.

1532. Then with regard to nurses' dietaries—does not the nurse get the same dietary as the other officers in the workhouse?—Yes, in many cases she does, I believe; and it is not a good dietary very often.

1533. Does she not get the same cooking as the other officers?—Yes.

1534. Then the workhouse cooking is at fault?—Yes.

1535. And you think nurses need a specially liberal diet?—They do.

1536. Would you suggest that the Guardians should make a separate dietary for nurses as apart from other officers?—You could not quite do that without a separate infirmary. At the same time the dietary ought, I think, to be improved; in many cases you still find the old bread and butter and tea breakfast, and nothing else, and exactly the same for tea.

1537. You know the remedy for that is altogether in the hands of the Guardians?—I know it is; at the same time it is the remedy that is my point.

1538. You think the dietary should be improved?—Yes.

1539. May I ask if you have any remarks to make as to the system of training probationers. How do you train them at Chorlton?—By lectures and classes, also

Dr. Rhodes.

by teaching them bandaging and so forth—they are provided with diagrams and models.

1540. How many lectures a week?—I think it is two a week.

1541. By the resident medical officer?—The resident medical officer gives lectures and the superintendent nurse gives lectures also.

1543. Do they give lectures?—The visiting physician have a visiting physician, a visiting surgeon, a visiting dentist, and a visiting ophthalmic surgeon.

1543. Do they give lectures?—The visiting physician and surgeon do, not the ophthalmic surgeon or the dentist.

1544. Do they give object lessons?—Yes.

1545. Do you think probationers should not be trained in any workhouse that was not prepared to have the same system?—I do not pin my faith to the resident medical officer.

1546. What do you propose as a substitute?—I think if the lectures are given, and you have a competent superintendent nurse they could train them. Rochdale does it very well, and I have seen several other places where it is very well done. You don't want the nurse to be a doctor—you want her to be a nurse. A resident medical officer is generally a young man, often just qualified.

1547. But you must have something to constitute a place a training school for nurses. At present the necessary qualification is that there should be a resident medical officer—if you don't have that, what would you propose to substitute?—I would have a certain course of lectures and training, and then I would make your examining body entirely independent. You could appoint your examining body and have local centres like Carlisle, Leeds, Bristol, and London, and examine the candidates at these centres when they have finished their training. They must bring their certificates to you that they have attended their classes, etc. In the case of a medical student you do not make him a medical man because he has attended his classes, you make him also pass his examination in practical and theoretical work. I should not charge them a fee, I think the State ought to do it. I am not sure whether I would have two examinations—one for staff nurses and another to qualify them for superintendents. Another point is that I think you might improve the status of workhouse nurses by a modification of the "Queen's nurses." A district nurse can become a Queen's nurse, and it does give a certain status.

1548. Why cannot a workhouse nurse become a Queen's nurse?—Because she is not a district nurse—it only applies to district nurses.

1549. Would you like workhouse nurses to be district nurses?—Yes, but I think the Local Government Board objected to that, but it would be a good thing for them, because they would get general training in home nursing. It would make them more fit to be nurses in the small hospitals, because they would learn to rely on themselves. Supposing you had a nurse in our hospital for two years (there are still some hospitals in London which train for only two years), then the third year let her go out, she would then be much more fit for one of these small hospitals.

1550. You would practically make it all turn in the end upon their passing the examination, and you would make the examining body an independent body?—Yes, an independent body, but it would not only be a written examination; I should want to see them bandage, etc.

1551. And who would you have the examiners appointed by?—The State. You might let Guardians appoint one or two if you liked; something on the principle of the American examining boards.

1552. Have you studied the Yorkshire scheme at all?—I have. That is not my scheme at all. That was another scheme altogether. I heard Miss Wilkie, and I do not agree with her at all.

1553. With regard to friction between the matron and the superintendent nurse, you would make the master supreme?—Yes.

1554. You would not give the matron any footing in the hospital?—No.

1555. You would give her no footing at all?—No footing in the hospital.

1556. But you would make the superintendent nurse requisition the matron for the necessary bed linen, etc.?—Yes.

1557. But supposing the matron did not comply with the requisition, how would you arrange that? The matron might think the superintendent nurse requisitioned for an undue number of sheets—would you leave her no option as to supplying the number the nurse asked for?—She could report to the master that the superintendent nurse had asked for an undue number.

1558. And would you give the master option in the matter?—The master should report it to the Board of Guardians, and let them settle it. I know of a case where the sheets in the lying-in ward were kept on for three months, and sent back by the matron with the remark that they were not dirty enough.

1559. Then the complaint would be lodged with the master, who would have to report to the Guardians?—Yes.

1560. Well, now, with regard to the supply of wards-maids, they would be supplied from the workhouse proper to the infirmary; therefore they would be supplied by the matron. Suppose she sent wards-maids that were distasteful to the superintendent nurse, who wanted to complain of the maids sent; how would you deal with that matter?—I believe myself in paid scrubbers, but I am afraid that is a very difficult question to answer. I think the superintendent ought to send her requisition to the master, not to the matron. The less the superintendent nurse and the matron come into contact the better.

1561. And would you give the superintendent nurse control over the leave of other nurses?—Yes, I would.

1562. Not the master?—Not the master.

1563. (*Dr. Downes.*) You told us that your infirmary at Chorlton is not separate in the technical sense?—I do not think so.

1564. And that the master has certain duties over it?—Yes, he has, and nominally the matron also; only the matron understands it is wiser for her not to interfere in the nursing.

1565. You have not a medical superintendent?—Yes, nominally; Dr. Orchard used to be superintendent, but we have not a resident superintendent medical officer in the sense they have at West Derby.

1566. Who would be responsible for the discipline of the place; would it be the doctor or the nurse?—The report would go through the superintendent nurse.

1567. But the male patients, who would be responsible for the discipline of the male wards?—That would go through the superintendent nurse.

1568. And to whom would she make her report?—Direct to the Board; every fortnight.

1569. How do you get over the scrubber difficulty at Chorlton?—We have sufficient scrubbers; we can manage.

1570. They come from the workhouse?—Yes.

1571. Who selects them?—The matron sends them across.

1572. At any rate, without any special order, you at Chorlton have managed to get them very well?—We have.

1573. And you have no lack of probationers?—No.

1574. Are many operations performed in your infirmary?—Yes, a good many more than used to be.

1575. Do you see any disadvantage in that?—No, they are in a better atmosphere, and quite as well done there as at the Royal Infirmary.

1576. And the conditions of nursing are so improved that you are able to do that now?—Yes, fully.

1577. It has been suggested that probationers are more readily obtained in an infirmary where there are surgical operations than in an infirmary where there are only chronic cases?—That may be so, but really the surgical cases in smaller workhouses requiring operations are very few.

1578. With regard to the question of accommodation and the general conditions in nursing, can you suggest any way in which the Local Government Board might be able to induce Guardians to improve the condition of things?—That is a very difficult point; I think attention might be drawn to it. I think inspectors have no

power over nurses' accommodation at the present time, but if attention were drawn to it I think the Guardians would try and remove the objection.

1579. Have you thought of the possibility of a money grant?—At the present time the grant is on the old standard, and, in my opinion, it ought to be revised. It is very unfair, because enormous improvement has taken place in some of these smaller workhouses, and yet they get no credit for it financially; only receive the same grant they did years ago.*

1580. In some of these smaller workhouses that you have gone through, where the difficulties of nursing are very considerable, would you think that if the matron were a trained nurse that might meet the difficulty in many cases? I am speaking of very small places?—You mean she would be able to do without a nurse altogether if she were a trained nurse.

1581. Would you propose any limit to the number of beds where you would allow an arrangement of this kind?—I do not think it would work where you had a total of more than 40 beds in the whole workhouse.

1582. In large places the matron would have enough to do to attend to her proper duties?—Yes.

1583. Have you considered whether the services of district nurses might be available in small places?—It would be a very good plan, I think.

1584. You think that might be a solution in some cases?—That might help. I should certainly give Guardians power to let their nurses go out to certain cases if they could spare them.

1585. (*Dr. Fuller.*) I believe some years ago you increased the rate of pay of your probationers; what was it originally?—We did; it was a matter of justice. I think probationers are worth paying if they are competent for their work.

1586. One of the reasons given at the time was that you were not attracting the class of nurses you wanted?—Yes, that was when I first became a Guardian, but now we get a very good middle class.

1587. By increasing the rate of pay?—No, I do not think that has everything to do with it. They look for a permanent position; they are middle-class people. Even merchants' daughters go in for nursing now.

1588. You make a suggestion that the medical officer should be the medium of communication between the superintendent nurse and the Guardians?—Yes.

1589. We are speaking particularly of the smaller workhouses; you know a great many of these smaller workhouses, I believe, and you know something of the class of medical officer attached to these workhouses?—Yes.

1590. Would you expect them to be able and willing to undertake this work?—They would do it better than the workhouse master does it.

1591. My experience is that they decline, as a rule, to report things about which the superintendent nurse speaks to them?—I think if the medical man is supreme over the nursing it should be done by him.

1592. Would it not be a very much better way for the superintendent nurse to report direct to the Guardians, and for the medical officer to be present?—I do not mind which way it is done, but it ought not to be through the master or matron.

1593. In my experience the superintendent nurse frequently complains that she has spoken about various things that were right, but that the medical officer had refused to report?—She certainly ought to have a right to report direct in that case.

1594. The superintendent nurse has often said, "I spoke to him about it, but he said it had nothing to do with him." There is a certain amount of apathy as to workhouse administration on the part of the workhouse medical officer?—I think even in the smaller workhouses they ought to do their duty, but I think something ought to be done to increase their pay.

1595. I am not speaking of their professional duties—I mean as to administration?—Well, they do not like having a bother; some Guardians are very cantankerous.

* In Mr. Jenner Fust's district the number of nurses was in 1894, 505; in 1902, 776. Attendants on imbeciles and epileptics have in the same period risen from 103 to 193.

1596. You make a suggestion about the examination of probationers at the end of their period of training; would you consider that there should be a second examination? Would that have a beneficial influence on nursing generally?—I think it would keep them to the work.

1597. We have to think of the nursing world outside; do you not set a standard of nursing to the outside world by having two examinations?—As a matter of fact they often have two examinations now at good hospitals.

1598. I mean as regards two grades of nurses?—I think you might have a second grade, which would do for positions in the smaller workhouses, and a higher grade for superintendents in larger workhouses.

1599. The second grade nurse, such as you suggest, should be put in a small workhouse where the matron is a trained nurse?—If she were a qualified nurse she would do very well for a workhouse with 40 beds, but in the great ones, where there are hundreds of beds, you ought to have a thoroughly competent nurse.

1600. Would you approve of a scheme whereby a nurse trained in a training school for nurses not maintaining a resident medical officer, and having served a period of, say, three years as charge nurse, should be eligible for the position of superintendent nurse?—I think there is very great hardship in this connection at the present time.

1601. We know there is a very good class of nurses trained at Carlisle, Steyning, and Newport, Monmouthshire; yet those nurses, except under the exercise of the Board's dispensatory power, are not eligible for superintendent nurses. Supposing they have served a period of three years as charge nurses, ought they to be eligible?—They ought to be.

1602. Would not that be better than having two grades?—I think it would perhaps be; one cannot think all these points out; I think it would be better. At present it is a very great hardship; many of them feel very bitterly about it.

1603. Would you fix the training at three years in any circumstances?—I think two years.

1604. Where would you fix the two years' training?—Well, I think at the end of two years they do very well; they are very competent at the end of the two years in many cases.

1605. Would you allow the two years' training in workhouses not maintaining a resident medical officer?—You ought to have at least 100 to 200 beds in workhouses that train; I should not put it at less than 150.

1606. What limit of beds would you say should be recognised as a training school?—I should like 200 myself, some say 150; 150, I think, should be the minimum. But there is a difference of opinion on that point.

1607. Do you propose to limit the age for probationers?—Do you mean as regards youth? I should not like to take a probationer under 21 or 22, and I would sooner have her 23—21 at least.

1608. Do you agree with fixed tenure of office for superintendent nurses?—Decidedly.

1609. Would you propose that Guardians should have the same power over the superintendent nurse as over the master and matron—the power of suspension?—Yes, but not the power of dismissal without the consent of the Local Government Board.

1610. Would you agree that the Board should have the same power of dismissing the superintendent nurse as they now have in the case of the master and matron, before the expiration of twelve months?—No.

1611. (*Mr. Knollys.*) Subject to the approval of the Local Government Board?—Subject to the approval of the Local Government Board; but the Guardians must not have power to dismiss her. It does give the nurse a better position if they know she cannot be dismissed without the consent of the Local Government Board.

1612. (*Dr. Fuller.*) Has not the Nursing Order of 1897 raised the status of nurses throughout the country, in your opinion?—Enormously. Our own hospital has supplied Queen Charlotte's Hospital with nurses, also the Army, and Fever Hospital; it is proved that workhouse training is quite as good as any even among the larger hospitals.

1613. Then it is no hardship to a nurse to have been trained in a Poor Law institution?—Not now; there

Dr. Rhodes.

Dr. Rhodes. was, but it is rapidly disappearing. I do not think there is any branch of Poor Law where the improvement has been so great as in nursing.

1614. (*Chairman.*) Is there anything else you would like to add?—A good many workhouses have not a full

supply of the proper appliances; for instance, bed rests; furniture and appliances are deficient yet in the small unions. I should also remove epileptics altogether from the workhouse. I do not think you have a right to have epileptics in workhouses.

Mr. Vulliamy.

Mr. VULLIAMY, called; and Examined.

1615. (*Chairman.*) Mr. Vulliamy, I believe you represent, with the other two witnesses, the Association of Poor Law Unions?—I do, sir.

1616. You are yourself, and have been for many years, clerk of the Ipswich Union?—Yes.

1617. You are also, I understand, one of the Coroners for Suffolk?—Yes.

1618. So that not only in your own union, but also in others, you have knowledge of medical matters?—Yes.

1619. I notice that you do not entirely agree with the Nursing Order as regards the qualification of superintendent nurses?—No.

1620. You would propose a modification, I understand?—Yes.

1621. Will you state that?—It seems to me that as it is now the nurse is rendered unfit as a woman before she comes to take the position at all as a nurse in a country workhouse. She is now trained in a large infirmary; there are none but large ones that have a resident medical officer; she is accustomed to a great deal of hard work, no doubt, but there is a great deal of life with it. And it is unreasonable to suppose that after that she would go down to a country workhouse and take the position of a nurse. I have known from my own experience they have come to our workhouse—which is a workhouse of 160 beds—and said, “Oh, yes, this is very nice, but so small!” They have been accustomed, like our present superintendent nurse, to places where there are perhaps 60 nurses—she felt it was quite a change in her life, and very dull indeed when she came to us. That would apply still more in a smaller house than in ours. Whereas if a girl were trained in our workhouse, or in one like it, with about 150 beds, from the first she would not have had all that life that she gets in the large infirmaries. She would be much better fitted to go and take a place in a country workhouse.

1622. (*Mr. Knollys.*) Do you mean that you have 160 beds in the sick wards?—Yes.

1623. (*Chairman.*) I understand that you propose that there should be, instead of the requirement of a medical officer, a qualification by the number of beds in the sick wards?—Yes, and I propose one hundred and fifty as the minimum.

1624. You have rather a high opinion of the non-resident medical officer, I believe?—Yes, I have, from what I have seen—I have had occasion to see many of them. What I find is that able men in the country will take the position of medical officer of the workhouse, because they do not like anybody else to set up in practice in their district, even if the salary is an inadequate one. The Guardians most unfairly take advantage of that feeling, and do give inadequate salaries to them. But still rather than let an outsider come in and get bread and cheese by that appointment they take it.

1625. They are very busy men, are they not?—Oh, very busy men—yes. And therefore they have a large amount of experience.

1626. Have they enough time to attend to the training of probationers?—I think they would have, and certainly they ought to be remunerated for it. I know of one case where they do it now decidedly well, the man takes a great interest in it, and they train them well.

1627. Your strongest argument for your proposal is that a country girl would be more likely to go into the service and stay in it if she was trained in a small country workhouse rather than in a big town one?—Yes. I may point out that in the eastern counties we have not a single infirmary where anybody can be trained for a superintendent nurse. I think you would find generally that infirmaries draw their nurses from their own neighbourhood. A country girl would not think of going to Manchester or Birmingham to be trained;

she would go to Ipswich or to the neighbourhood of Ipswich. And supposing she did go to Manchester or Birmingham to be trained, her whole ideas would be completely changed, and she would then feel that a country workhouse was a mere death in life.

1628. Your opinion is then that the dullness of the life deters women from taking these positions?—That is one of the things decidedly. You see there is also the insufficient hope of advancement, and no prospect of a suitable marriage—that is the third thing.

1629. You would not propose that this Committee should inquire into that matter, do you?—No, but when a girl is in her own neighbourhood she is not cut off from mixing with people of her own class, nor from all prospect of a suitable marriage, like one who comes as a stranger into an utterly new neighbourhood. I think we should find that girls from our own neighbourhood would come into Ipswich for instance, for training. We have found no difficulty at all in getting suitable probationers there, they would come in from that neighbourhood, and would have three years' training, and would then be quite fit to take the management of a small country workhouse.

1630. You say you have had no difficulty in Ipswich in obtaining probationers?—No, none at all, and they come from a very good class.

1631. Have you a resident medical officer?—No, none. The superintendent nurse gives instruction in physiology and anatomy, but that is on her own account.

1632. Are they country girls that you have now?—No, Ipswich girls, both of them.

1633. Have you only two?—At present we only take two. One of them intends to be married, and the other one wishes to go on, and go to a larger infirmary perhaps afterwards.

1634. You know of course the difficulty which is raised as to this, that there is not a sufficient variety of cases in the smaller workhouses for the probationers to see?—That is quite true, that is what is pointed out as the difficulty; but there would be quite as much variety as they would have to nurse in the small country workhouses, and even more variety than they would have to deal with there.

1635. But it might be a different class of variety?—No, I think you will find that the greater number of workhouse patients are the same pretty well everywhere. There are a great many chronics among them. There are certain diseases that are common there, and other diseases are so very rare that I do not think you must legislate altogether for them.

1636. Of course you have the medical officer to fall back upon in the smaller workhouses?—Yes, you have the medical officer to fall back upon. There is one thing she ought to know, which is not so much needed in the larger infirmaries, a knowledge of first aid and ambulance would be extremely useful to her as a nurse in a country workhouse, because there they have to deal with these cases, which they have not in a town.

1637. You see some disadvantage, do you not, in her being left in this solitary position as regards the friendships she may make?—Yes, I have known one of our nurses—a good nurse, too—go out and marry one of the patients, and it was pointed out to me by our own superintendent nurse as one of the difficulties she knew of, and I think if one thinks of it, they have no one else to speak to but the inmates, how it would lower her unless she had outside influences.

1638. Your opinion is that from your experience they would much prefer to be in the neighbourhood of their own family?—I think a great many would then come who would not think of it now at all.

1639. (*Mr. Knollys.*) Have you had any difficulty in Ipswich in obtaining nurses?—Yes, we have; more especially perhaps lately. The one before our present one was the only one of the applicants for the post who

turned up. We were therefore almost compelled to appoint her, and we had to get rid of her ultimately on account of her drinking habits.

1640. Have you found that difficulty generally?—We have had more difficulty in getting nurses ready trained.

1641. Do your probationers understand that your training will not qualify them for superintendent nurses?—Yes, they know that that is so; at present they know it is so. If they wanted to qualify for anything more than charge nurses they would have to go to some other institution.

1642. Do you find that they stay in the Poor Law service?—Of the two we have now one is going to be married, the other one is going to make nursing her calling, and she will go to some other infirmary after ours. These are the first two we have had.

1643. Do you suggest that there should be two grades of certificates for nurses?—I think there should be.

1644. One that may qualify them for ordinary nurses, and one that would qualify them for superintendent nurses?—Yes, I also think there should be two grades of superintendent nurse. The superintendent nurse for a large infirmary where they have a resident medical officer would be a totally different person from a superintendent nurse where there were only three nurses.

1645. Don't you think it would be unpopular with the nurses themselves to have two grades of nurses?—I think we should get a larger supply of nurses. I think a nurse would come from the neighbourhood of Ipswich to be trained, and afterwards take a position in the neighbourhood of Ipswich readily, who would not think of going any further.

1646. Have you considered the question at all of friction between the master and matron and superintendent nurse?—We have had no difficulty at all—not the slightest. Our matron herself is a certificated nurse and a certificated midwife; she has a great deal of tact, and there has not been the slightest friction in any way.

1647. You would not see any reason for altering the present regulations?—No, I should not.

1648. (*Chairman.*) Is the matron the wife of the master?—Yes. One reason why I said the superintendent nurse in a larger establishment was different from the superintendent nurse in a smaller one, was that you might have a nurse who was very well suited to nurse, but yet utterly unsuited to take the general management of the whole place. There must be a great deal done by the inmates of the house in the way of scrubbing and so on in the smaller workhouses; you must have some authority over them.

1649. (*Dr. Fuller.*) Have you a curriculum of training for your probationers?—We have not one enjoined by the Guardians; that is left to the medical officer and the superintendent nurse.

1650. Does your medical officer give lectures?—No.

1651. Does he give any practical instruction in the wards?—No. We tried to get the instruction and lectures given by the hospital at Ipswich, but they declined to do it.

1652. As regards the smaller workhouses, have you any suggestions to offer as to how the sick should be nursed?—I should like to see trained nurses everywhere.

1653. But I am speaking of very small workhouses, where there are only about 25 sick?—Personally, I should like to see a nurse who has had a certain amount of training even there.

1654. Do you think a trained nurse would stay?—If you took a girl from the neighbourhood of that workhouse, and sent her not far away to be trained, she would take that situation where another would not.

1655. You think that the workhouse-trained nurse would stay where a nurse trained in a general hospital

would not stay?—Yes, and where a nurse trained in a large infirmary would not stay.

1656. You make a suggestion as to nursing grades. Don't you think that would be unpopular?—As a matter of fact the superintendent nurse, especially in one of these large establishments, is not exactly qualified for one of these country posts. She is, I may say, over-qualified; she wants a different kind of training.

1657. If we assume that Ipswich Workhouse Infirmary was recognised as a training school for nurses, would you consider that a nurse going to the post of superintendent nurse in a small workhouse, would she be eligible for that position?—Not now.

1658. I mean as regards her training?—Oh, yes; if we were once recognised we should make arrangements for her training beyond what we do now. She would have an examination as to theoretical knowledge, which she does not now.

1659. The question seems to me one of administration rather than actual training?—Yes. I think she would be quite qualified as far as nursing is concerned to become a superintendent nurse.

1660. Merely by reason of having had a training for three years?—Yes.

1661. Would it not be better that the probationer should go for three years as charge nurse before she became a superintendent nurse?—Oh, certainly; I think it would be better.

1662. Would you lay that down as a hard and fast rule, that a probationer should not be qualified as a superintendent nurse until she had gone through a period of three years as charge nurse in some workhouse before being eligible for the position of superintendent nurse?—I think it would be better that she should.

1663. Do you think that that would be better than grading in any way?—I think perhaps it would be better.

1664. What limit of age would you propose for probationers?—We have begun it young—and I believe in beginning it young—we receive them at seventeen.

1665. Would you propose to continue that?—Yes.

1666. Don't you think that 21 or 23 is a very much better limit of age?—What are they to do in the meantime? You at once limit the field to those who can afford to do nothing until they are 21 or 23—you limit your field very largely.

1667. I believe you had a system of training outside people from the locality?—Yes, we did.

1668. Is that system working now?—I do not know whether we have any at this moment—the plan is still in existence—that, of course, is outside our staff altogether, in addition; we do not take them into consideration in the staff in any way.

1669. Do you make any suggestion as to the matrons in smaller workhouses as regards having had a training?—The difficulty is that in most of these smaller workhouses the master and matron are husband and wife, although there is an increasing number, I believe, where the wife has had training as nurse, and in some unions near Ipswich they are sending her to receive instruction in midwifery, but I do not think you can lay it down as a rule that they shall be.

1670. Other things being equal it would be desirable that the matron should be trained?—Yes, certainly.

1671. I understand that you express the opinion that this Board should not lay down regulations as to the separate management of the infirmaries by the nurse?—Yes.

1672. Do you think Boards of Guardians ought to be allowed to create such separate management if they wished? I call your attention to the resolution passed by your Association?—Yes, I think they should have power if they wished. I agree with that certainly; I think there are circumstances where it is desirable.

Mr. A. G. Russ, called; and Examined.

1673. (*Chairman.*) I understand that you are Clerk to the Wells Union, in Somerset?—Yes.

1674. How many inmates have you?—Our average is about 130.

6581.

1675. How many beds have you in the sick wards?—About 70 beds.

1676. Are these usually all occupied?—They are more than occupied at the present moment.

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1677. So that out of 130 inmates, more than 70 are in the sick wards?—Yes; as a matter of fact, yesterday there were 75 occupying beds, and beds were being fitted up in other parts of the house at some distance from the sick wards.

1678. How many inmates were there yesterday?—About 125 or 130.

1679. Is there any particular epidemic going on in your part?—None, whatever. It is simply a change in the whole character of the workhouse.

1680. How long have you been clerk, Mr. Russ?—Fifteen years, sir; but I have been intimately connected with the workhouse all through my life—my father was clerk for 25 years before me.

1681. You say there is a great change in the whole character of the workhouse. Can you give us some figures relating, say, to 30 years ago?—We had four or five classed as sick at that time—just before the building of the infirmary.

1682. Was the workhouse about the same size in those days?—Yes, the same size—about 130 inmates.

1683. Do you find any difficulty in obtaining nurses in your union?—Very great difficulty—we have very great difficulty in obtaining them. Our present head nurse came from Louth, in Lincolnshire, and the other one came from an asylum in Leicester. We have had to make a report on her to the Local Government Board as to the manner in which she performed her duties. We have no superintendent nurse at present, but when the enlargement, now being considered, is finished, we shall be obliged to have a superintendent nurse, as an addition of two nurses must be made.

1684. How many nurses are there now?—Two nurses, with the addition of a woman as night nurse—a very illiterate woman—very kind, but very illiterate.

1685. You agree with what Mr. Vulliamy told us about the difficulty arising from want of society?—Entirely.

1686. And monotony of work?—Entirely.

1687. I think you have something to say about the very unpleasant duties nurses have to perform?—Yes, they are exceedingly unpleasant for nurses; they always complain of the duties they have to perform by reason of their being no labour employed in the wards.

1688. I suppose there is great difficulty in getting labour in a workhouse with such a very large proportion of sick as yours?—There is very great difficulty. We have no labour in the house at all at the present time, with the exception of a few women with illegitimate children.

1689. Do you employ any paid scrubbers?—We do. We employ paid scrubbers, and the master is going to ask for an additional one now.

1690. How many scrubbers have you now?—Only one paid scrubber at present.

1691. Then as regards accommodation for nurses, you think that is a grave question?—Yes, I feel strongly about it, and I say it is wretched.

1692. Are you speaking of Wells?—Yes, and from my knowledge generally of workhouses in Somersetshire, I have no hesitation in saying the accommodation is wretched.

1693. Then as to leave of absence, have you had any complaints about that?—The nurses constantly complain.

1694. Any complaints as to diet?—It is generally very bad.

1695. You make some suggestion to meet these difficulties, and you put these forward under the heads of salary, better quarters, employment of ward servants, more leave of absence, better diet, and then you say that the Local Government Board should insist upon none but properly trained and qualified persons being appointed?—I do, sir; because in my experience rural Guardians will appoint any person who chooses to apply for the position of nurse, practically without any qualifications. With the salary that is offered and the quarters given naturally the supply is very limited.

1696. But you must not under our Order appoint anybody who had not had any suitable training?—As a matter of fact we have.

1697. But you come under the words of the Order, that if there is no superintendent nurse no person shall

be appointed who has not had practical experience. Is not that specified in the Order?—Exactly, yes. Our last nurse had no training whatever save for a few months in the asylum wards, and I had to report upon her to the Local Government Board as to the manner in which she performed her duties.

1698. The difficulties you set before us are largely for the Guardians themselves to deal with, are they not?—I quite agree with you.

1699. As to the second and third points of our Reference, do you wish to add anything to the resolutions passed by your Association which I have before me?—I think, sir, I am right in saying that the Association do not approve of the master and matron having the sole control of the infirmary and sick wards. I find from looking at the resolution passed (on which Mr. Vulliamy spoke just now) they think that where there is a superintendent nurse Guardians should have the power to place the infirmary in the charge of the superintendent nurse, subject only to the recommendations of the medical officer. Personally I do not agree with that; I think that the entire control should be in the hands of the master and matron. We have a far better class of masters and matrons now than we had years ago.

1700. I understand the Association think the Guardians should have local option in this matter?—Yes, I do not object to local option.

1701. But if there was local option you would not like to see it applied to your union?—Not in rural unions, I should not, sir.

1702. You think it would lead to more quarrelling than there is at present?—I am certain of it, judging from what one reads of in neighbouring unions; the thing is constantly cropping up. They would take their instructions from the medical officer, and ignore the master and matron.

1703. I suppose it would be very difficult to separate what is the infirmary from the workhouse, would it not?—Not so much in our case; we have our infirmary in a separate building.

1704. But you mentioned that there were some sick in the workhouse proper, did you not?—Yes; but we are considering the question of enlarging the infirmary so as to get all the sick into one building.

1705. Are you satisfied with Article IV. of the Nursing Order?—Yes; and from inquiries I have made in the county I have no doubt that the Order is working well, and, as far as I can see, it does not require any alteration.

1706. You think it defines sufficiently clearly the respective duties of master and matron?—Quite so.

1707. You think it has brought about a change for the better in the character of the nurses and their status?—It is certainly better, unquestionably better. Our last two nurses were certainly better than any of the previous ones we had.

1708. You used to come across one who could not read or write?—Yes, that is so.

1709. (Mr. Knollys.) Your Association proposes that Guardians shall have the option of defining the duties of master and matron and superintendent nurse; do you propose that they should have that option instead of the duties being laid down in the General Consolidated Order?—I agree with the General Consolidated Order.

1710. But your Association do not?—No, they do not, but I do; I am not bound by the Association.

1711. What do you consider would be an adequate salary for a nurse?—I think a superintendent nurse should have £45 at least, with good and suitable quarters.

1712. And nurses other than superintendents?—Some £10 less—£30 to £35, with uniforms, of course.

1713. How many patients do you consider a nurse should have to attend to?—Well, of course, in the country unions they have so many to attend to, generally a larger number than they can do justice to; but I have not really considered that question.

1714. Do you advocate having paid attendants instead of pauper attendants?—We do not have paid attendants.

1715. I mean pauper wardsmaids, or assistants—Certainly paid assistants instead of pauper assistants, undoubtedly.

1716. And you have experienced in your workhouse

the difficulty of getting pauper assistants because you have no able-bodied persons in the workhouse?—Yes, certainly.

1717. You complain very much of the dietary that nurses have?—Yes.

1718. Do you propose that they shall have a different dietary assigned to them from the other officers in the workhouse?—I think it applies generally to all the officers in the house.

1719. Does that apply to the cooking?—No, but the dietary is so very limited; if they want any little thing to vary the monotony they have to buy it themselves; if they want even a pot of marmalade they have to buy it.

1720. But that is a matter entirely for the Guardians?—It is entirely for the Guardians, but nurses do complain very largely of the diet.

1721. Have you ever considered whether it is desirable to give nurses money payments in lieu of rations?—I do not think it would be very satisfactory in rural workhouses.

1722. Would it not rather be a temptation to the nurses to take the food provided for the patients?—It would, certainly. I should give them a money allowance to provide small articles, so much per week. In my workhouse they are allowed sixpence a week for fish now. I would increase that amount.

1723. Do they have to cook that themselves?—They have to cook that themselves, but this with us is optional.

1724. (*Dr. Fuller.*) To continue that question, you advocate part payment instead of rations?—Yes, a small sum for these extras, which it would be very difficult to include in an ordinary dietary.

1725. That payment for extras might include articles obtainable from the greengrocer and the ordinary grocer, and things of that kind, I suppose?—Yes, at present they have to purchase every little extra, and everything which in a country workhouse may be looked upon as a luxury.

1726. What do you think should be the minimum allowance?—I think they would be satisfied with 2s. to 3s. a week at the outside.

1727. What is the total value of the rations?—The rations and emoluments are valued at £35 a year, excepting in the case of the master and matron. The master's rations and emoluments are valued at £60, and the matron's at £52.

1728. Why should there be any difference?—I do not know. I only know it is so—the master and matron have a larger allowance.

1729. But the nurse has quite as much hard work to

do as the matron?—I quite agree with you; but her rations and emoluments are only valued at £35.

1730. Is that the general custom in Somersetshire?—Yes, it is.

1731. (*Mr. Knollys.*) Do the nurses and other officers dine together, or does each officer dine separately?—They dine separately.

(*Mr. Vulliamy.*) May I say something as to that? We used to have difficulty with regard to diet in our workhouse, now we have none at all. They buy what they please, and produce the bills to the master to the extent of 8s. a week, with the exception of the master and matron, who have 10s. Since we started this plan we have never had any difficulty or any complaint.

1732. (*Mr. Knollys.*) Then they have to cook their own?—(*Mr. Vulliamy.*) Oh, no, the cook cooks it. The cook said beforehand that she was quite willing to cook it if this arrangement was made.

1733. (*Dr. Fuller.*) You have a small book, I suppose, as is done in private households, for the grocer, baker, butcher, and so on?—(*Mr. Vulliamy.*) Yes, for each officer. They have to produce the books to the master to show how they have spent the money, and it is allowed to the extent of 8s. a week, and 10s. a week to the master and matron. We have the same plan in our establishments for children, and it works admirably; we have never had any difficulty at all since we adopted it, but there was always difficulty before.

1734. (*Dr. Fuller.*) What class of persons do you employ as paid attendants in your infirmary? I think you said you had one paid scrubber?—(*Mr. Russ.*) She gets 1s. 8d. a day and rations.

1735. But what class of person is she? Is she a person who would otherwise be on out-relief?—Possibly.

1736. Do you employ widows?—It is left to the discretion of the master. As a matter of fact he is employing a widow.

1737. Who would otherwise be on out-relief?—Possibly.

1738. Could you extend that system in places like Wells?—It could be done to a certain extent, but I do not know whether it would be worth while.

1739. As regards the appointment of untrained nurses, have you any suggestion to make as to why that is done?—The difficulty is in getting trained nurses, which is largely accounted for by these matters upon which I have made suggestions, the need of general improvement in their salary, etc. There is a difficulty, of course. I have had to advertise two or three times to get anything like a suitable person.

1740. Has that anything to do with the salary you are offering?—Unquestionably; although the salaries are increasing the Guardians used to advertise for a nurse at £18 a year; now we go to £35 and uniform.

Mr. Dury, called; and Examined.

1741. (*Chairman.*) Mr. Dury, you are Clerk to the Guardians of the Clutton Union in Somersetshire, are you not?—Yes, that is so.

1742. And you have been there for a great many years?—Yes, and I have known the workhouse all my life—my father was master.

1743. You have also had experience at Bath and Bristol?—Yes, I was one year at Bristol, and four years at Bath.

1744. What is your opinion about the difficulty of obtaining nurses? Do you think it is increasing?—Yes, I think it is increasing. I do not think you get quite such a good class as when the Nursing Order first came out. Many of the nurses employed in workhouses are of the "servant" class, and respectable middle-class young women do not care to mix with them.

1745. That means that there are some black sheep?—Yes, more than there used to be—more than there were three or four years ago.

1746. Do you find more difficulty in obtaining nurses than in obtaining other officers?—No, but the Guardians are satisfied with a very small amount of training. I am, of course, referring to indoor officers.

1747. Does the difficulty arise from friction at all in your workhouse?—No, we do not get any friction; we

never have, that is in consequence of the master being supreme, and the Guardians supporting the master.

1748. The Guardians put their foot down on any friction?—Yes, the officers know this and act accordingly.

1749. Would you suggest that any alteration should be made by this Board in the status of the workhouse nurse?—I think it is absolutely necessary that they should have some standing with the Local Government Board in the shape of a certificate or in some such way. At the present time we are satisfied with a very small amount of training. I actually knew a woman appointed in a workhouse who put a frog's leg under a poor old woman's arm to cure epilepsy—she was previously a district nurse, and even now a large number of nurses have very little training. I think if you had a certificate giving a certain status it would be better. I think you must have a certificate through the Local Government Board or otherwise. The Guardians would then have some idea of the training a nurse had had, and some idea of her qualifications. I should prefer a certificate granted by the Local Government Board; it would have a higher value than one granted by a county board; there would be more uniformity and probably more experienced examiners.

1750. You say "through the Local Government Board or otherwise." Have you had your attention called to

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the county scheme in Yorkshire, in which Boards of Guardians are united to get examinations conducted through the Yorkshire College?—Yes, but I have not a great opinion of Guardians combining in rural districts. I think a central body is much better.

1751. But if you had county boards?—They would be comparatively poor things. I know if we had a county board in our own county it would be a very poor thing compared with the Local Government Board.

1752. Have you no college or university which could supply a suitable Board?—There is a university at Bristol, but I do not think they know anything about workhouse nursing.

1753. You would suggest more than one certificate, would you not?—I should.

1754. What classes would you make?—Something on the lines of the workhouse teachers' certificate under the Order of 1847—efficiency, competency, and probation.

1755. What advantages would these carry to the holders of these certificates?—I would allow a grant in respect of certificated nurses and not in respect of any other nurses, the grant varying for head nurses from £40 to £70, and assistant nurses from £20 to £35 per annum exclusive of rations, etc.

1756. Would you say that we ought to arrange that each of these certificates should entitle the holder to a certain minimum salary?—Yes, and that should be repaid to the Guardians by the County Council. The minimum salary should be the grant paid as in the case of workhouse teachers.

1757. Out of what grant should it be paid?—I should say the ordinary local taxation grants received by County Councils, under 57 and 58 Vict., c. 30, s. 19; 53 Vict., c. 8, s. 7, and 51 and 52 Vict., c. 41, s. 20.

1758. But is there a grant now existing out of which they can pay something?—You know the Guardians get the whole of the salaries, etc., paid in 1889 under 51 and 52 Vict., c. 41, s. 20. I would not pay the Guardians anything towards the salaries of any nurses that were not certificated.

1759. Would you propose to lay down a scale of salaries in proportion to the population in the union?—Yes, I think so. I did think of the number of beds, but the number of cases varies so much from time to time that I think you would have to take some more fixed basis. One reason why I think you should have different rates of salary is that expenses in town are very different to what they are in the country. In all positions you get a higher salary in London than anywhere else because the cost of living, etc., is so much higher.

1760. (Mr. Knollys.) But that is only if you find your own board and lodging?—Oh, no, not altogether; there is the greater cost of amusements; in the country the opportunities are not there, and you cannot spend the money, but if they are there, naturally you take advantage of them. Again the skill and experience required in large town infirmaries is greater than in small rural infirmaries.

1761. Would you allow probationers—or, indeed, women from anywhere—to sit for these examinations?—Yes, I should, provided they had two years' experience in nursing in a hospital or infirmary—workhouse or otherwise.

1762. How would you see that they had had practical training?—I should take it that the Local Government Board inspector would examine them, and would also, to some extent, be guided by the advice of the medical officer as to the qualifications of the nurse. The master might also report as to her character generally where the infirmary was part of the workhouse. This would be good for discipline.

1763. It would be written or *visà voce* examination?—Yes, written or *visà voce*, or both; and a practical examination in changing beds, bandaging, taking temperatures, and all that sort of thing.

1764. Would you require any qualification of them as to the amount of previous training they had had?—Oh, yes; they should be probationers two years. But it might be in smaller workhouses; in fact, I should rather prefer it to be in a smaller workhouse, in some instances.

1765. And you think that this would attract a better class of women?—I think so, because, as I have said, the certificate would give them a status, and they would

be certain of a fair salary, and if you accepted probationers from small workhouses you would get local candidates; you would get a better class, who would be near their homes, and would be more likely to stay in small workhouses where they are most needed.

1766. Then you entirely agree with what Mr. Vulliamy has said?—Yes, I do; I might almost have written it, although I had no communication with him at all. What I have said is practically the same in this respect.

1767. You wish to say something about operations in workhouses, I think?—One reason why you do not require a great deal of qualification for workhouse nursing is that difficult operations are discouraged in workhouses. The Commissioners, in an instructional letter, stated they discountenanced the performance of difficult surgical operations in workhouses, and they discouraged it in a very satisfactory way, I think, by not allowing any fee for the operation; consequently doctors have very little inducement to perform the operations, and, as a matter of fact, I think in workhouses as a rule cases requiring surgical operations are sent to the hospital—at least, it is so in my own experience.

1768. Do you think that is a proper course to pursue?—I think it is the proper course to pursue. In a general hospital you get two or three men with more experience than a man in the country.

1769. Do you find that in cases of curable illness there is a reluctance to bring them into the house at all?—Yes, there is, very great reluctance; and that is another ground on which I think that nurses in smaller workhouses do not require so much training as in a hospital. The Guardians are very reluctant indeed to break up homes, and if there is any likelihood of a man or a woman recovering they allow him or her out-relief; consequently you find in the workhouse only people suffering from the diseases of old age and other incurable maladies, simply requiring sympathetic attention and keeping in a proper condition.

1770. Have you tried in your union the plan of letting nurses from the workhouse go out to the outdoor sick?—No, we have not.

1771. You have heard what Mr. Russ has said about the accommodation for nurses; does that apply to you?—No; in our particular workhouse the accommodation is, I think, quite as good as they would wish for, but I am perfectly aware that it is not so in all places.

1772. Do you lay stress upon their bedrooms being far removed from the sick?—Yes; I think the nurses' bedrooms should be where they can get fresh air and quiet, and also that they should have proper food, which they often do not get now. In our particular workhouse the master has power to buy food to a certain amount in addition to the ordinary rations, and there is no cause of complaint.

1773. What would you say about the respective duties of the officials; would you be in favour of the Guardians having power for their own union to make the nurse supreme in the infirmary?—I think that would be a very great mistake indeed. I think the nurse should be supreme as regards nursing under the doctor, but as regards the ordinary routine work of the establishment, I think it is absolutely necessary in small workhouses that the master (and the matron also, in my opinion) should be the head of the establishment. I may state that in our particular workhouse the sick wards are in the centre of the first floor. Now if the nurse were supreme in those sick wards I have not the slightest doubt she would object to the matron going through those wards, so that if the matron were going round the house (as she must every day) she would go part the way along the first floor, be blocked by the sick wards, have to turn back, go right the length of the building, along part of the first floor until she reached the sick wards, and again have to turn back. If she were going round with the visiting committee I do not think that would be a very desirable position for her to be placed in. Then as regards the scrubbing of the place; I live in an absolutely rural district, and the number of inmates capable of doing scrubbing and that sort of thing is very small indeed, and it is absolutely impracticable to get paid scrubbers. The impracticability of getting scrubbers will be clear when I say the principal inhabitants of the villages surrounding the village in which the workhouse is situate have to send their personal washing to the nearest towns (Bristol or Wells), 10 miles away, because there is no local female labour available.

1774. How many inmates have you?—They vary from 100 to 180.

1775. How many at the present moment?—I think it is 102.

1776. How many of those are in the sick wards?—About 20 or 21.

1777. So that you would have a better opportunity of getting workers in your house than Mr. Russ?—Yes; but as a matter of fact we always have had difficulty in getting the necessary household work done in consequence of not having sufficient pauper help for the labour; in fact, we could not get it done now if it were not for the fact that we have a certain number of imbeciles who do a lot of the work. If the nurse were supreme she would naturally want her wards done on the days and times she desired, whilst the matron would make arrangements for the whole house in proper rotation, and then you would get friction. You might have difficulty also with the late leave. Supposing a nurse wanted to go out—I take it the superintendent nurse would be supreme in everything—one of her nurses would want to stay out late; the master might have arranged to have one late night a week, so as to keep the porter and himself up late on one night only, but the superintendent nurse might arrange for a nurse to be out late on other nights. They must naturally come into contact on so many points that you will get ten times the friction you get at the present time.

1778. Do you think it would be possible to keep the master the supreme authority, but for the superintendent nurse to hold the same position as the matron holds with regard to the other parts of the house?—I think it would be very difficult indeed; you would have two women in the same house practically independent of each other, and each having a certain amount of authority, and you would get friction still. The master would be the matron's husband, and he would support his wife.

1779. Of course, you have a common kitchen and common laundry?—Yes. The remarks referring to the confusion caused in the scrubbing arrangements, with two females each supreme in part of the house, would apply with equal force to kitchen and laundry matters.

1780. (*Mr. Knollys.*) You have heard what Mr. Vulliamy has said as to the system pursued at Ipswich with regard to dietary?—Yes.

1781. Do you agree with that?—Certainly; we have a somewhat similar arrangement. The master has power to spend a certain amount, and he charges that amount in his petty cash, and I see that he does not exceed that amount.

1782. The nurses have power to choose their own food?—No, they do not; but we never have any trouble about it.

1783. Do the nurse and the master and matron all mess together?—Oh, no, they do not; that would be a most undesirable arrangement; but they get on very well. I have had personal experience of the dining together arrangement; there is little enough "home" in these institutions, and when the officers dine together there is less than usual; both parties (heads and subordinates) are on duty even at meals. I mean there is restraint.

1784. That is not quite the same system as at Ipswich, is it?—No; in our case the master buys the lot, in their case the nurses choose their own food.

1785. (*To Mr. Vulliamy.*) In your case, Mr. Vulliamy, each nurse would have power to send her own food into the kitchen to be cooked?—(*Mr. Vulliamy.*) They do not, as a matter of fact; they agree about it, and it is all cooked together; no difficulty arises, in fact; it has gone on now for 15 years, I think, and has worked well. (*Mr. Dury.*) I could not support an arrangement like that; it no doubt works very well at Ipswich, but I think in the average workhouse it would not.

1786. I am very anxious to arrive at an understanding on this point, because many nurses object to having rations assigned to them. The difficulty as regards money payments is that there would be a temptation to nurses to take the patients' food?—Yes; and if they bought their own food, and did not send it to the ordinary kitchen to be cooked, they would be cooking it themselves, and would be wasting their time and tiring themselves. If they sent it to the kitchen it must not be forgotten that probably half the unions in England and Wales have a less population than 25,000, and in such unions the matron is generally cook, and she

would either have to cook the meals when requested by the nurses, or leave them to a pauper who would spoil them. In either case you would get complaints innumerable.

1787. (*Dr. Fuller.*) I do not quite understand your position as regards medical relief, indoor and outdoor. If a man is sick, what is to prevent him from being brought in and treated as a temporary inmate?—As a matter of fact, in our particular union people do not desire to go into the workhouse; they much prefer to have out-relief than to come into the workhouse, where they would be much better treated undoubtedly. Consequently they apply for out-relief, and get it.

1788. If they were brought into the workhouse compulsorily they would probably be cured in six or eight weeks, would they not?—Very probably, but as a matter of fact they do not come in. The Guardians are very unwilling to break up homes; they would rather give out-relief than do so.

1689. But because one member of a family is sick they need not all come in?—I was thinking of the head of the family more than anyone else. If the head of the family comes in, the others might stay out, but they do not generally do so. The sick, like all other classes of the poor, will not, as a rule, enter the workhouse if they can get out-relief.

1790. I have known cases where a family has been in receipt of out-relief for 20 or 22 weeks, whereas in the infirmary six or eight weeks would have been the total duration of the relief, except for the time it took them to get work again?—I have known many cases of the kind; I can only regret that the Guardians cannot bring the sick compulsorily into the workhouse.

1791. In default of being able to do that would you propose that your workhouse infirmary nurse should act herself as district nurse?—If we had a good staff of district nurses an exchange of duties would be an excellent idea. It would give a workhouse nurse change in every shape and form. It would also help to bring out the better class local candidates I am anxious to see take up nursing.

1792. Do you think that would improve the class of person applying for the post of workhouse nurse?—I feel sure it would. There is one point I should like to mention. I remember the time in the Clutton Workhouse some 33 or 34 years ago, when we had only one sick person; at the present time we are very low with 20; it is very rarely it comes down to 20; there are generally from 25 to 35.

1793. To what do you attribute that?—The relatively small proportion of other than sick is, I think, due to the high wages now paid and to the scarcity of labour. Even a very indifferent or old workman has no difficulty in getting work at a wage sufficient for subsistence. In the Clutton Union work is at once found for anyone entering the workhouse who is capable of labour. On the other hand, in rural districts all the young people of the working classes that are bright and intelligent leave their parents to go to town for higher wages, and more independence. They move from place to town, and are quite commonly lost sight of by their parents. When the parents are ill they have no children at hand to nurse them, and, fortunately, I think, for the parents, they enter the workhouse, and so you get a larger proportion of sick than before, when travelling was not so cheap, and the working classes could not read advertisements. Shortly summed up, the large proportion of indoor sick poor is due to the migratory habits of the working classes in youth and middle age—the small proportion of other classes to the increased wealth of the community generally, and the perhaps consequent great demand for labour. (*Mr. Russ.*) I can only suggest that it is owing to the fact that the Guardians give out-relief rather than indoor relief. In our case all classes of disease are admitted into our workhouse, and even fractures, and all that sort of thing, are treated there; we differ entirely from Clutton in that respect.

1794. (*Chairman.*) Have you noticed that there is an enormous increase in the number of sick in workhouses?—(*Mr. Russ.*) Yes.

1795. To what do you attribute that?—Greater readiness to go into the workhouse to be treated.

1796. Possibly because the arrangements are so much better?—Yes, quite possibly. (*Mr. Dury.*) There is

Mr. Dury.

Mr. Dury.

one other point as regards the superintendent nurse; I think she is in rather too firm a position; the Guardians cannot even suspend her; I think Guardians should have that power; I think it would be a good disciplinary measure.

1797. (*Dr. Downes.*) What arrangements do your Guardians make for nursing the outdoor sick?—I am sorry to say they make none in the shape of district nurses. The nursing they get in the workhouse is after all infinitely superior to the nursing they get in their own wretched homes. It is a disgrace to the country—the way in which the outdoor sick poor are nursed. Perhaps a neighbour or a daughter will come in from the next cottage, and in not a few cases they just lie there and rot from want of proper skilled attention. Of course they could come into workhouses where not too ill to be moved, but they frequently will not. (*Mr. Vulliamy.*) At Ipswich we pay a subscription to the nurses' home, and the superintendent of the nurses home takes the superintendence of all the outdoor nursing, and we buy from them all the beef tea which is needed, and they provide all the wine or spirits required.

Miss GIBSON, called; and Examined.

Miss Gibson.

1800. Miss Gibson, you are matron of the infirmary, are you not?—I am.

1801. And before that you were at Liverpool, I think?—Yes, at Brownlow Hill.

1802. You succeeded Miss Agnes Jones, I think?—Not immediately; there were several between us.

1803. But you hold the same appointment?—Yes.

1804. I see from your proof, your heads of evidence, that you would like to lay stress upon the appointment of a nursing department?—Yes.

1805. How would you propose that that should be formed?—I think that requires a good deal of consideration and development. I should only propose that it should be formed after an immense amount of consideration by persons who are experts in nursing. I do not think we have come to the stage yet when we can form one from our present knowledge.

1806. That is a suggestion for the future, then?—Yes, I think it is; it is a suggestion as to the best way of forming the nursing department.

1807. Your opinion is, I think, that it should be a department of the Government?—Quite.

1808. Would not difficulty arise as to whose servants the nurses should be after they had been trained and certified under that department?—No, I think not; they would be certified and trained under certain conditions, which would be made perfectly plain to them when they were engaged for training. It would be made plain to them that for a certain number of years—say, four or five—they were the servants of the Government, but at the same time were under the control of the officials to whom the Government deputed them; just as any other Government servant might be under the control of an officer who was himself actually a servant of the Government.

1809. You say "a servant of the Government." If they were the servants of the Government would not the Government have to guarantee them employment?—Yes, I think the Government would, but there would be no difficulty in getting employment for them; I do not fear that as a difficulty at all; the only difficulty would be to find enough nurses to take up the appointments.

1810. But might there not be some individual whom it would be difficult to place?—I think not; I do not foresee that; if they were fully and entirely qualified—it would only be whilst they were under their agreement—it would only be during the four or five years of their training that they would be under the control of the body which trained them.

1811. But if any individual were out of employment the Government would have to pay her?—I suppose that would be so, but I do not think there would be the slightest possibility of an individual being out of work. I think that is a difficulty which would never arise.

1812. You recognise, of course, that there are difficulties at present in getting an adequate supply of nurses?—Yes, I do; very keenly.

1798. That is for nursing the outdoor sick?—(*Mr. Vulliamy.*) Yes.

1799. (*Dr. Fuller.*) I want to know, Mr. Vulliamy, whether your answer to my query as regards the matron being a trained nurse represented the views of your Association? Has your Association considered that point? You said that, other things being equal, the matron should be a trained nurse?—(*Mr. Vulliamy.*) I quite agree—other things being equal; it weighed with us in appointing our present master and matron—the fact that she was a trained nurse, and held a certificate of midwifery. It does decidedly help the master—the fact that his wife is a trained nurse. (*Mr. Dury.*) And the Guardians should not have power to have local option; the best system should be enforced. In rural districts at least members of boards are not sufficiently cognisant of the details of workhouse management to enable them to be suitable judges, it would lead to officers intriguing. Quite likely, if the nurse won at one meeting the master's party would be successful at the next, and while the game of shuttlecock and battledore was in progress the interests of the inmates would suffer. (*Mr. Vulliamy.*) It is different in towns.

1813. What are the causes of this?—I think there are several causes. First the enormous responsibility which is given to nurses in workhouses; that is one difficulty; another is the monotony of the work; another is the insufficient and uncomfortable accommodation and surroundings; but the great difficulty is the friction which constantly occurs between the master and matron and the trained nurse.

1814. You spoke of the responsibility which is put upon the nurse; would you tell us a little more fully what you mean by that?—I mean that in a very large number of small country workhouses, and still more in medium-sized unions, with perhaps, one may say, 100 sick, there is no resident medical officer, and the nurse has the entire responsibility and control of any emergency which may occur. She has a very large number of patients, many of whom certainly are chronic and infirm cases, but my experience has led me to the conclusion that chronic and infirm cases require both constant and thorough nursing and constant supervision to keep them in the state in which they ought to be kept, which it is impossible for one woman to give with a great number of cases. I think the responsibility of a nurse in a house of that kind is enormous. I should like to emphasise that very much; it is most important, I am quite sure.

1815. You consider that the nursing of the chronic and aged sick is of the utmost importance?—Most important I think it is. It is one of the highest and best proofs of a good nurse that she is able to deal with that type of case, to make them comfortable, and keep them as they ought to be kept.

1816. Those being some of the particular difficulties, do you make any suggestion as to the removal of such drawbacks; I mean as to how to relieve this responsibility or mitigate it?—I think that all infirmaries which have a certain number of cases—more than 200 beds—ought to have a resident medical officer. I think that is the most easy way of removing responsibility from the nurses. Of course a sick person ought to be under much more constant medical supervision than he can be if the medical officer is a visiting medical officer, who merely comes in for a few moments each day.

1817. The great difficulty is in the smaller workhouses. How would you remove the responsibility there?—I should like to understand exactly what you mean by small workhouses.

1818. Really the great difficulty exists where they are very small—say with 20 beds?—I do not think the responsibility is so great as to cause difficulty with only that number—with only 20 sick.

1819. You think that she could manage by herself in that case?—I should have said that in a union with an average of 20 sick, there would be very few cases which require constant medical attention, and in that case an emergency case would be better sent to a cottage hospital, and, if by that means, the acute responsibility was removed from her, I think she ought to be able to manage quite alone.

1820. Part of our Reference is as to how to get a larger

supply of nurses—of course that depends very largely on the number of training fields, as you say in your proof. What have you to say on that—about the qualification of a training field?—You want me to define what I mean by a training school?

1821. I should like to hear your definition?—It is very difficult to say; my own impression is that no infirmary with less than 400 beds ought to train nurses, although a large number of people—able and experienced people—tell me that this is not quite right, and that an infirmary with 200 beds can train.

1822. Whether there is a resident medical officer or not?—Oh, no; I feel very strongly on that. I think there ought to be a resident medical officer, if there is to be a training school at all. I quite realise at the same time that the training school is much more dependent upon the superintendent nurse than upon the resident medical officer, but I lay stress upon it chiefly because a resident medical officer makes it necessary to a certain extent to have a good superintendent nurse.

1823. You have had nurses come under your command I suppose, who have been trained where there was no resident medical officer?—We train all our own nurses—so that I never had any. I think there are exceptional cases. I know cases myself well where nurses could be thoroughly trained without a resident medical officer, but that simply happens because the superintendent nurse is an exceptionally good one. But you cannot guarantee that the superintendent nurse shall be an exceptionally good one, and I think a resident medical officer is a most important check upon the superintendent nurse.

1824. What have you to say about the term "assistant nurse"?—I think it should be done away with altogether—it is not a good term—it does not express what it is intended to express. I think a woman must either be a nurse or a probationer nurse—there should be only three grades, the superintendent nurse, the nurse, and the probationer.

1825. Would you tell us whether this term "assistant nurse" appears in any of our publications?—It appears in your Order—in the 1897 Order. I don't know about the other Orders, but in that 1897 Order it appears, "No person shall be appointed as assistant nurse."

1826. You say it appears in our Order of 1897—this phrase "assistant nurse." Is there a custom in the nursing world to attribute some meaning to the term "assistant nurse," other than a charge nurse?—Oh, yes; I understand that an assistant nurse is never a charge nurse. For instance, in your Order you say, that "No one shall be appointed to the office of nurse or assistant nurse without having had such practical experience in nursing as may render him or her a fit and proper person to hold such office." You see there is no definition as to what renders a person fit and proper. The meaning of "assistant nurse" appears to be very vague. As a matter of fact, except under the Poor Law there is not such a thing as an assistant nurse.

1827. Whatever was meant in that Order you raise an objection to that expression?—I think it is not a good expression at all.

1828. As to the superintendent nurse. Are you satisfied with the qualification required as laid down in the Order?—No, I do not think I am.

1829. What alteration would you suggest?—I have not found that anyone who has gone from our infirmary to be superintendent nurse has been of much use in a workhouse, unless she has had some experience of ward administration and ward organisation beforehand; and three years in a hospital or infirmary, being a training school, does not include that. During their three years of training they are practically and absolutely probationers. They have no charge of wards, no experience of management, and no knowledge of how to deal with persons or officials with whom they come in contact. That is all done for them as probationers. Therefore, I think that a superintendent nurse ought to have at least one year's experience in the management of a ward.

1830. How would they get that knowledge of management before they became managers?—They cannot—they cannot get any, or very little, knowledge of management during their three years of training. What is done in our infirmary (although I am not quoting us as an authority; we do not claim to be that) I think what is done in most large infirmaries—a nurse is put in charge of a ward when she has finished her three years' training. Most of the wards have about 36 patients; therefore she has experience of conditions analogous

to what she would have in a small workhouse; she has charge of the linen, stores, etc., for that special ward. She comes in contact with myself, and with the other officials in the place, and she learns how to manage that ward. During her three years' training she has simply done what somebody else told her.

1831. Would you say that she would be adequately qualified after she has had charge of a ward?—Yes. Provided she has had three years' training before she has charge of a ward.

1832. Do you think there are a great many Poor Law institutions where the nurses, or some of them, are placed in charge of wards?—Yes, I think there are.

1833. Would there be sufficient to supply the requisite number of superintendent nurses if that qualification were put in?—No, under the present circumstances, I think not. But in the future, under the new regime, which I trust will come, plenty I hope will be forthcoming. I, myself, have never sent out a nurse as a superintendent nurse who has done credit to her training unless she has had such experience as I have mentioned, and has been a nurse in charge of a ward in the infirmary before she left us. This experience is absolutely invaluable to them when they come later on to deal with the management of an infirmary. During their probation they have not even an opinion of their own; they simply have to carry out what is told them.

1834. The Guardians have apparently taken some of your probationers, and made them superintendent nurses?—Yes, some—but not a great many of them, because I do not approve of it, nor recommend them; but several of our nurses have done so, and, as a rule, they have not done well. Most of our nurses who have gone as superintendent nurses, after having had experience in the wards, have done very well.

1835. As to the fourth point of our Reference—the friction between the master and matron and superintendent nurse—have you any suggestion to make as to how that friction could be removed?—Well, I think the matron, certainly—perhaps the master also, but certainly the matron—ought to have no jurisdiction whatever over the care and control of the sick. I think if that were removed, that difficulty would largely disappear.

1836. How would that be in a workhouse where the wards were more or less mixed up?—You mean mixed up in the building. Well, there would be certain wards devoted to the sick, and these would be under the control of the superintendent nurse. I do not see that the fact of their being mixed up in the actual building would matter.

1837. We had a case brought before us recently where the sick were in the centre of the block on the first floor, so that to get to another part of the house the matron had either to pass through the sick wards or climb to the top of the stairs and come down again?—I think that if I were in that workhouse I should remove the sick to another part of the building, so that the matron would not have to pass through the sick wards—it is simply a matter of re-arrangement. I should not see any objection myself to the matron going through, so long as she had no control over the sick.

1838. Would not the matron have to have control over the kitchen?—Certainly.

1839. You are aware, I suppose, that in many cases there are common kitchens?—I do not think that would be any difficulty—the diets for the wards would be ordered by the doctors, and would simply come up from the kitchen. The diets are ordered by the medical officer, are they not? They would simply come up to the nurse from the kitchen.

1840. What about the master, would you take the jurisdiction of the sick from him?—I think I would; I quite understand that from a disciplinary and administrative point of view you must have one head, and that that head must be the master; I quite understand that. But I do not think the master should have any care of or control over the sick.

1841. You are more certain about the matron than about the master?—Yes, I think because I feel there must be a head and the master must be the head. That is why I hesitate about the master; it is not because I think it is necessary or desirable, or good for the sick that the master should have any control over the sick—

Miss Gibson.

Miss Gibson. I do not think it is. But I do feel that the master must be the head, the nurse cannot carry out her own plans without the concurrence of the master.

1842. Then as to the subordinate nurses—have you anything to say about the position of the superintendent nurse with regard to them?—I think the superintendent nurse ought to be entirely responsible for the subordinate nurses, with this exception: I think Guardians ought to have definite and clear forms of regulations drawn up for the conduct of their nurses; that there should be certain hours at which a superintendent nurse can allow her subordinates to go off duty without infringing the regulations. But anything affecting the administration of the house, such as a nurse wishing to be out all night, should only be done with the knowledge and leave of the master. Beyond that in their work I think they should be entirely under the control of the nurse.

1843. (*Mr. Knollys.*) Have you had any difficulty in obtaining nurses at Birmingham?—No.

1844. Because you train your own?—Yes.

1845. Do you find your own nurses stay in the Poor Law service?—Many of them stay with us; I have some of them who have been there ever since the infirmary was opened.

1846. Have you heard when they go elsewhere that they stay in the Poor Law service?—No, I am afraid they do not; if they do not stay with us, they do not, as a rule, go into the Poor Law service.

1847. Do you know whether there has been any difficulty in other large infirmaries in obtaining nurses?—I do not think that there can be—I cannot speak of my own knowledge, but I should think that in very large unions there is very little difficulty; but in somewhat smaller, though still good-sized infirmaries, there has been very great difficulty.

1848. Is it not rather from the nature of the employment than from the lack of nurses?—Yes, there are plenty of nurses—I mean, there are plenty of nurses being trained, but the nurses will not go into the Poor Law service.

1849. It is the nature of the employment which renders them unwilling to go?—No, it is not the nature of the employment exactly. I think many of them would do it if the circumstances were made pleasanter for them.

1850. Do you think they are offered too small a remuneration. Can you say that at all?—No, I think not, although they are in some cases; if a nurse is wanted to go into a remote district she must be paid for doing so. I think, on the whole, the salaries are pretty fair.

1851. Is it the food, the dietary, or the quarters, and so forth?—I think it is very largely the food and accommodation, but I think the greatest reason of all is that they will not go under a matron who does not understand their work—that is the difficulty.

1752. The nurses are there if they chose to go?—Certainly they are.

1853. With regard to probationers, would you suggest that there should be two grades of probationers, one suitable for employment as superintendent nurse and another which should render them only qualified to be ordinary nurses?—I do not think that a probationer should ever be considered suitable for a superintendent nurse.

1854. But apart from that point, do you consider there should be two grades of nurses?—I think next to the superintendent nurse should be the charge nurse, and after that there should be a probationer. I think a superintendent should have experience in management besides her three years' training.

1855. Would you suggest anything with regard to multiplying the number of training schools for nurses? Of course, if we are to get more nurses, we must multiply the number of training schools?—Yes.

1856. Should there be a resident medical officer?—Oh, yes, I feel very decidedly on that point.

1857. Would you draw a distinction between a resident medical officer and a medical officer giving his whole time, but not resident?—No, you mean a medical officer who did not practise, and was simply living outside for convenience—who did not live in the place, but was constantly there. I think if he was connected with the infirmary by telephone and did not live very far away, that would answer the purpose.

1858. You do not think any other qualification should be substituted, as to the number of beds, for instance?—I do not think 200 beds is enough; I would increase it.

1859. And you think the medical officer should either be resident or give his whole time?—Yes, I think so.

1860. Well, then, with regard to the superintendent nurse, do you say that she should have the sole charge of the sick?—Yes.

1861. Would you say that she should also have the sole charge of the sick wards?—Quite.

1862. How would you manage with regard to the linen and bed-clothing, supposing the superintendent nurse requisitioned a certain number of sheets, to whom should she send the requisition?—To the master of the workhouse.

1863. Then it would come under the matron's cognisance?—Yes.

1864. Suppose the matron or the master opposed her requisition—the number she asked for?—I do not think the matron should have any power to oppose what she asked for.

1865. But the master?—I do not think the master ought to have power either.

1866. You would compel the master to comply with her requisition?—Yes, certainly. If the master differed from the nurse, the Guardians should be the persons to judge of any opinion he might have upon it. The nurse must be the judge of what is wanted in the sick wards.

1867. You think she should apply to the Guardians?—Certainly.

1868. How many patients do you think a nurse should be responsible for—should have under her charge?—I do not think any nurse can look after properly more than nine—I think that is a very good number. I know the average number is 15, and, of course, it is a little difficult to give a decisive number, because the cases vary so much, but I think that nine cases is quite as many as any nurse can look after properly.

1869. Therefore you would say that in an infirmary containing 27 patients there should be three nurses?—I think the smallest number you can have is three nurses.

1870. Let us take a smaller infirmary still; let us say seven patients, how would you deal with that infirmary?—That is a very difficult case; of course, one nurse could take seven patients, but she cannot work night and day.

1871. Is it reasonable to expect a trained nurse to stay in such a place?—Of course, in a place with seven patients there would be no superintendent nurse, would there?

1772. No, only one, the question is as to that one nurse?—I think one nurse might be got to do that. I think there are many nurses who would be glad to have a post which was light. But the difficulty would be supposing any of those seven cases were actually sick, one nurse could not attend to them.

1873. How would you deal with that?—I would either get a nurse in or send them to a cottage hospital.

1874. Supposing there was no cottage hospital?—Then I would get a nurse from the nearest nursing institution.

1875. Temporarily?—Yes.

1876. Would you like workhouse nurses to have anything to do with outside nursing?—No, I do not think I should.

1877. If there are only from seven to ten cases, and they are nearly all of them aged people who require careful nursing, but do not require constant nursing, what is the nurse to do with all her time?—I think if she had seven people, who were aged and sick, she would not have much time to spare. If they were just old people who were not ill, of course they would not require a nurse, but if they are ill as well as old, they will.

1878. You put the number of cases at nine?—Yes.

1879. You are aware that it is often 20 at present?—Yes.

1880. Therefore it would increase the cost very considerably; do you think that necessary for the good of the sick poor?—Yes, I do; I think that if there are only seven they should be as well nursed as if there were 100.

1881. (*Dr. Downes.*) Miss Gibson, your experience is a

great experience and a long one; it has chiefly, I think, been in the large workhouse at Liverpool, and the large infirmary at Birmingham?—Yes.

1882. Have you any knowledge of the conditions in small workhouses?—Many of my nurses have gone into small workhouses, and through them I have heard a great deal about them.

1883. Do you remember the state of things which existed in workhouses when you first entered the Poor Law service?—Yes.

1884. And you are fairly well acquainted with it at the present time?—Yes.

1885. What is your opinion of the state of things now as compared with the state of things then?—I think the large infirmaries have improved enormously; in the medium-sized workhouse there is still a great deal to be desired; they have not improved approximately with the large ones.

1886. Have they made any advancement?—I think they have, certainly.

1887. Would you be prepared to say there has been advancement all along the line?—No, I am not prepared to say that, I do not think there has been advancement. A great deal has been done, I admit; but a great deal that has been done has not been an advancement.

1888. You think efforts have been made, but they have not been successful?—They have not had the desired effect.

1889. By whom were these efforts made?—I think everybody has made efforts, the Guardians especially.

1890. You think it must be admitted that Guardians have made efforts all along the line?—Yes.

1891. But that in most cases they have not been successful?—In most cases in the small and medium-sized unions.

1892. You base that opinion on reports you have received from nurses sent out from your infirmary?—Yes, from time to time.

1893. You do not speak from any personal knowledge?—No, my personal knowledge does not exist on that point.

1894. As to the suitability of Poor Law infirmaries for the training of nurses, Miss Gibson, have you anything to tell us as to that?—Are not operations more frequently performed in all the larger infirmaries than formerly?—My knowledge of that has only been at Liverpool and Birmingham, and operations always have been done in both of these.

1895. Comparing the opportunities for training nurses in these large infirmaries with the opportunities in a general hospital, do you consider that the Poor Law infirmary is on a fair level?—I think that the nurses are as thoroughly trained in a large infirmary as in any general hospital. I am only speaking of my own knowledge; they have all the experience of chronic and infirm cases, which they never get in a general hospital. I consider they are admirably trained, because they get all this experience of chronic work added to acute work.

1896. And having no students attached to them, the nurses have a great deal to do which in an ordinary hospital would be done by the students?—Quite so.

1897. What would be your view as to the age of probationers when they are first engaged for training?—I think myself that 23 is quite young enough; but it must depend a good deal upon the time for which they are bound. If they are to be bound for four or five years, I think you would have to take them at 21.

1898. You would not go lower than 21?—Oh, no.

1899. How do you engage your probationers at Birmingham?—They come to us for two months on trial, and if at the end of the two months they promise well, they sign an agreement to remain for two years.

1900. Are they selected by yourself in the first place?—Yes, entirely.

1901. Do you think, as a general rule, probationers should be selected by matrons?—Yes, I think so, certainly.

1902. Are you acquainted with the clauses in the more recent Orders of the Local Government Board as to the

engagement of probationers? Here, for example is the Order for the Kingstou Union; perhaps you would like to look at that section?—Thank you.

1903. Do you approve of the conditions there laid down?—Yes, I think that is very good.

1904. You think that is in the right direction?—Yes, I do.

1905. How long do you train at Birmingham?—Three years.

1906. Was it always a three years' curriculum?—Yes.

1907. Do you ever train for any shorter period?—Yes, we train the Jubilee nurses and also nurses for the Northern Workhouse Nursing Association—those are trained for two years, but they get no certificate from us, of course.

1908. At the end of their curriculum, what examination have your nurses to pass?—They pass a written and *viva voce* examination at the hands of the visiting medical officer and the visiting surgical officer, and I have to sign their certificates as to their practical capacity as well.

1909. Then they do not get a certificate simply on the result of the examination alone?—Oh no, not unless their three years has been perfectly satisfactory.

1910. Have you any outside examiners?—No; our visiting surgeons and visiting physicians, they examine. I think they are all teachers in the hospitals or university as well.

1911. Would you agree that the examination should be made by outsiders?—I do not think the examination should be made by the resident medical officer, because it is likely to be too much in the same groove. But so long as it is done by a visiting man, it does not matter whether he is on the staff or an outsider.

1912. Are you aware of any uniform standard of training in the nursing world?—No.

1913. Not even as to the number of marks which nurses may obtain?—No, I do not think so.

1914. Have any efforts been made in the nursing world to obtain such a standard?—No, there has been vague talk of it, but nothing definite. Our nurses must get three-fourths of their marks, but that is simply a private arrangement.

1915. You have told us that you think a training school for nurses should have a certain number of beds, and that there should be a resident medical officer?—Yes.

1916. The fact of the medical officer being resident within the institution being a secondary consideration?—Yes, but I should rather like to qualify that remark, because if a medical officer was not very largely inside the institution he would practically be of no value.

1917. There are cases where there are no convenient apartments for him within the building, but there may be convenient apartments for him just outside the gate?—Yes, that would practically be the same thing.

1918. (*Chairman.*) If he undertook to give his whole time, and did not do so, the Guardians would have something to say to that?—Quite so.

1919. (*Dr. Downes.*) If he were a medical officer giving his whole time he must live somewhere pretty near the house?—Yes.

1920. The value of a resident medical officer in a training school is, I suggest, not so much the personality of the resident medical officer as his being a measure of the importance of the institution?—Exactly, and the fact that a resident medical officer must to a certain extent keep the work up to the mark.

1921. And that where there is an officer of that standing there is a certain guarantee that the place is of such and such an importance?—Quite so.

1922. Would you suggest any test of the efficiency of a training school?—No, I am afraid that any test of its efficiency must be made after it has been made a training school—you must see what it turns out.

1923. If an independent Board of examination were established, the proportion of passes amongst their nurses would be to some extent a test?—Yes, largely. But an examination is not altogether a test of a nurse's work. I have known some of the best of my nurses who could not easily pass the examination. To a certain extent it is a test—it must be some guide.

1924. You think it would be some guide?—I think so.

Miss Gibson.

1925. With regard to the question of examinations being held and certificates being given by this Board, can you tell us what is in your mind about the possibility of forming a nursing department? Can you give us any details of what you propose?—I have no details. I feel that it is not a question which can be settled hurriedly. It is a question that can only be worked out after consideration by a large number of people who are experts in nursing, in Poor Law, and everything else concerned. My idea is that probationers would not stay in the small unions, but would go wherever they were appointed by a Government department. I submit that if they were given a different standing to what they at present get, if they felt that they were persons of some importance, it would be a great improvement in every way. They would be under the control of the nursing department, and that nursing department would be a sub-committee of persons who had special knowledge in these matters.

1926. Would it not be a new departure to constitute the Poor Law an educational authority?—Well, I suppose it would; but I do not see that that is any reason why it should not be done. It would benefit the Poor Law.

1927. In what way would it benefit the Poor Law?—The tendency of nurses now is to leave the Poor Law for other more attractive positions. I think the Government certificate would tend to keep them in the Poor Law.

1928. But supposing that certificate had a Government stamp upon it, would there not be still more tendency to go into other positions with such a certificate?—No, I think not. The great difficulty is not to get superintendent nurses, but nurses to work under the superintendent. These probationers would be persons who were bound to work under a superintendent. They would be bound to serve during their training, and for so long afterwards, and at the end of that time it would not matter what became of them, because they would have served the purpose for which the Department had educated them.

1929. You would not hope to keep them after they were trained?—I think having kept them through their training a large number would remain. I do not think the difficulty would be so great when they had once been sent out.

1930. Then you admit that it is problematical whether they would stay with you or not?—Oh, yes.

1931. How would retention of them help the smaller workhouses?—Because they would be engaged for four years, and one or two of those years should be spent in a small workhouse infirmary. Then my idea would be that they should come back to a larger infirmary to be polished up, as it were, before they were given a certificate.

1932. Would they not be serving several masters during their period of training?—Yes, but only one at a time. I think the Board would have to exercise no authority over them while they were working. The authority would be exercised by the Guardians under whom they were working.

1933. Who would select them?—The sub-committee.

1934. And if the Guardians objected?—I do not think the Guardians would object.

1935. But they might object to a particular individual?—Well, if their objections were reasonable the nurse would have to be sent to another Board of Guardians, and another nurse substituted for her; that could be quite easily managed in that way.

1936. But might there not be a tendency that some unhappy candidate could find no place at all?—No, I do not think that would be the difficulty. I think the difficulty would be to find the candidates.

1937. Will you kindly explain a little more fully whose servants they would be during this probation?—They would be entirely the servants of the Board of Guardians for whom at that time they were working.

1938. And could a Board of Guardians dismiss them?—Certainly not; but they could complain of them to the central committee, and if the central committee thought their complaints were legitimate and deserved dismissal, they would dismiss. But if they were not serious enough for this they would simply remove her to another field, and try her there.

1939. I suppose you have no fear of this proving a source of friction between the central and local authorities?—No, I think not.

1940. The committee would have to sit permanently all the year round?—Oh, yes; at least once a month.

1941. Are you acquainted with the Yorkshire scheme of training nurses?—I am to a certain extent.

1942. It is suggested that the Yorkshire College should be the examining authority?—Yes.

1943. Would you be prepared to accept the Yorkshire College as a satisfactory examining authority?—I am not prepared to say that. I do not know that I should.

1944. What would you say to the Birmingham University?—I do not think it is a good plan to have local centres for examining at all. I think it must be general or none. I do not see why their present certificates should be altered in order to have them examined by local boards.

1945. But are not these universities recognised educational authorities?—Yes; but nursing is not entirely an educational question. So much of it is practical, and there are so many things that cannot be taught—I mean cannot be taught by teachers.

1946. Miss Gibson, you have been engaged in teaching nursing for a great many years, and yet you say nursing is not an educational subject?—No, not exactly that.

1947. Why should not the university teach nursing?—I do not think the university is a good authority to teach that; in fact, it is a thing which cannot be taught.

1948. You think, then, that a nurse, like a poet, is born, not made?—Oh, no, I do not, quite the contrary; the born nurse is of no use. I always send away a born nurse at once.

1949. Have you any actual statistics showing what becomes of the nurses you have trained?—I have them at home, I have not them with me.

1950. Could you favour us with them?—Oh, yes, I could give them quite easily.

1951. You suggest that the qualifications of a superintendent nurse should include some experience in ward management, and you suggest that they should have an additional year at that?—Yes.

1952. I think it follows that that would imply two grades of nurses, one qualified as superintendent nurses and one with certificates qualifying for ordinary nurses, would there not be a certain inconvenience in having that distinction?—I think not; it would be easier than the present system under which you have a superintendent nurse who has had no special experience in superintendence. You would have the three stages—nurses who had passed through this period of gaining experience of management, nurses who had gained their certificate, but had not yet had any experience of ward management, and then you would have the probationer who was undergoing training and had no certificate.

1953. Could you not introduce this experience of management into the three years' curriculum?—No, I think not; the person in charge of a ward ought always to be a person who had completed her training. We have a sister in charge of each ward.

1954. Who acts when the sister of a ward is away?—A holiday sister, who goes all round; failing that, a senior nurse.

1955. Would not this addition of one year's experience to the qualifications limit the supply of superintendent nurses?—I think it might, for a time. But, as a matter of fact, I do not know of many nurses who, having completed their three years' training, have taken the post of superintendent nurse.

1956. Would it be difficult to introduce some experience of ward management into the three years' training?—Yes, I think it would be very difficult, because a nurse during her three years' training simply carries out the instructions that are given her.

1957. With regard to the position of a superintendent nurse in a workhouse, have you considered the manner in which her reports should be kept?—Her reports—

1958. I mean to whom they should be made?—You mean her reports regarding the condition of her patients, or wards; or do you mean daily reports?

1959. You would, I think, admit that the superintendent nurse should keep some form of report book?—I do not quite understand—

1960. You have in your infirmary at Birmingham a superintendent nurse, have you not; a night superintendent, for example?—Yes.

1961. Does she keep any form of report?—Certainly.

1962. I suggest that the superintendent nurse in a workhouse should keep a report book in a similar fashion?—Yes, but the night superintendent in our infirmary and the superintendent nurse in a workhouse are not quite in the same position.

1963. But I wish to have your view as to whether the superintendent nurse should report or not?—Yes, she should.

1964. To whom should she send it?—I think to the medical officer.

1965. The Guardians would, of course, be the ultimate authority in the case?—Yes.

1966. I take it that her report should go before the visiting committee or the Guardians?—Yes.

1967. Should it be submitted through the doctor?—If her daily report deals with the repair, and so on, of her ward, it should go to the master; but if it simply deals with the condition of her patients it should go to the medical officer. Her weekly journal should be sent directly to the Guardians.

1968. You think that matters concerning the sick she should report to the medical officer, and matters relating to the general administration of her wards she should report to the master?—Yes.

1969. How would you submit that report—direct, or through some other officer?—I should send it direct.

1970. The superintendent nurse, you have said, would not be the head of the institution. What would be the position of the head of the institution if a subordinate officer were to report to the Guardians independently?—I do not think it would make any difference to the head of the house.

1971. Would you like your night superintendent to report direct?—No, but I am in a different position. The matters she would report would not concern the master; if the nurse wanted a ward painted, for example, the master would report that.

1972. But supposing these reports were administrative reports?—I do not quite understand what you mean by administrative reports. Do you mean repairs, and so on?

1973. Yes, repairs, and the discipline of the wards?—I should have thought the master would be responsible for the discipline of the wards; that is to say, if the male patients did not behave themselves properly, the master would be responsible. If the female patients did not behave, the superintendent nurse should be responsible.

1974. To whom should she report such a thing as breach of discipline of the wards?—To the master; that is his department, certainly.

1975. To sum up: your suggestion is that a superintendent nurse should keep a report book?—Certainly.

1976. And as regards nursing of the sick, her reports should be sent to the medical officer?—Yes.

1977. But as regards the administration of the wards, they should be sent to the master?—Yes; and I would add that she should have the opportunity of reporting weekly or at stated intervals to the visiting committee direct.

1978. Would you have a requisition book for the superintendent nurse?—Yes.

1979. So that she could send her requisitions to the master for the things required?—Yes.

1980. And if any necessities are required for the sick, you think these requisitions should be obeyed without question?—Yes.

1981. Any question to be raised should be raised before the Guardians?—Quite.

1982. As to the cleaning of the wards; are you aware that there is considerable difficulty on that score?—Yes.

1983. Have you any remedy to suggest?—You mean scrubbers supplied from the workhouse; I think it is a very bad plan to have scrubbers from the workhouse. I should employ all the cleaners from outside.

1984. You would employ paid labour?—Yes.

1985. With regard to the questions put to you as to nurses going to very small places, you have some knowledge of small cottage hospitals, I have no doubt?—Yes.

1986. Some of these have very few beds?—Yes.

1987. Is there any difficulty in obtaining trained nurses for these small hospitals?—I think so, yes. *Miss Gibson.*

1988. What does the difficulty arise from in these cases?—Chiefly from lack of funds, I think.

1989. Have you anything to say on the general scarcity of nurses?—I think there are plenty of nurses; the difficulty is that they will not take this class of work. There must be a large number of nurses, as is proved by the large number of private nurses.

1990. (*Dr. Fuller.*) As regards the formation of a Nursing Department, by which nurses would be practically under a Government Department, how would those nurses stand in relation to the nursing world generally?—I think they would stand as well as other nurses do; I do not think it would make any difference in their standing, except that it would improve it.

1991. How do nurses trained in Poor Law infirmaries stand in relation to the nursing world generally?—It depends entirely upon where they are trained; some of them stand exceedingly well.

1992. You do not think that a nurse trained under a Nursing Department would be at a disadvantage in regard to possibility of association with other nurses?—On the contrary, I think it would improve her position.

1993. As regards the difficulty of obtaining nurses; Mr. Grant Lawson put it to you that it exists in the small workhouses; but of your knowledge, and from reports received from time to time from nurses sent out by you, have you found that the difficulty exists in places where there are three or four nurses?—Yes, I think it does; I think it exists in a large number of workhouses where the staff is perhaps five or six.

1994. Have you any knowledge of nurses being trained by you and taking places as superintendent nurses in these smaller workhouses, that one of their great difficulties is that the Guardians take advantage of Article 2 of the Order and appoint wholly untrained persons as nurses and assistant nurses because they have one trained person?—I have heard it—I cannot say it from my own knowledge.

1995. Have the Guardians ever consulted you as to the rules and regulations they should make in their institution?—Yes, they have.

1996. Have they ever asked you to whom the reports should be sent?—No, I have never been asked that.

1997. As regards the smaller workhouses where there are 50 inmates or under that number, would you advocate that the matron, assuming she is a trained nurse, should be appointed as superintendent nurse?—No.

1998. Would you advocate the matron of the workhouse being appointed superintendent nurse under any circumstances whatever?—No, never.

1999. Would you consider that in workhouses where there are only from 10 to 20 cases it would be an advantage for the matron, other things being equal, to be a trained nurse?—No, I do not think so.

2000. Do you know that there are a great many matrons now acting who have trained as nurses?—I have known of one or two; I did not know that there were many.

2001. There are as many as 15 in one district?—I am surprised; I did not know there were so many as that.

2002. I believe there is a matron acting at the present moment who was trained under your direction at Birmingham?—She probably was with us only for one year.

2003. Do you make any suggestion as to the curriculum which should be suggested for training probationers? One of our points of Reference is, "What regulations, if any, should be made for the qualification and training of probationers?" Putting aside your suggestion as to a nursing department, would you suggest that this department issue a curriculum for the training of probationers which should be a standard?—I think it would be a very difficult thing for them to do.

2004. I mean as to the subjects taught, and as to who should train probationers?—I think the Board would have to leave that to the people who were training them.

2005. Would it be desirable that the Board should specify the limit of time of training and the various subjects in which probationers should be trained? Would you suggest that this Board laid it down that the period of training should be for not less than three years?—I do not quite understand what you mean about

Miss Gibson.

that. Do you mean that this Board should send probationers for a certain time to be trained?

2006. Do you think there should be a standard curriculum which should be observed in all workhouse infirmaries? Do you suggest that?—Most workhouse infirmaries could not train probationers even if there was a curriculum.

2007. But those that are recognised. If an infirmary is to be recognised, there should be a definite and decided scheme of what the nurses are to be taught, so that the scheme of teaching should be the same throughout the country. For instance, your scheme of training at Birmingham and the scheme of training at Portsmouth Workhouse Infirmary are both most excellent. Perhaps you know that the curriculum there is really a very high one now. Would you propose that this Board should issue some such scheme as a standard of training based upon those two?—You mean that this Board should set a curriculum, which curriculum only it would recognise as a training. Yes, I do think that.

2008. And should this Board also lay down the number of beds which there would have to be in any school desiring to be recognised?—Exactly; yes, I do think that.

2009. We have had evidence that the type of woman who is now applying for the post of probationer in workhouse infirmaries is going down. Is that your experience?—No.

2010. Have you any knowledge, from reports of your nurses who have left you to take appointments under

the Poor Law, that when they have complaints to make they do not complain to the inspectors of the districts?—Oh, yes; I think very often they have said they do not complain to the inspectors.

2011. Have you any idea why?—I think they are afraid of the results; it is made very uncomfortable for them afterwards in various ways. It is known by other officers that they have complained, and it is not always quite easy for them afterwards. On the other hand, I think they now state their cases much more fully than they used to.

2012. Can you give any reason for that?—I do not think I can exactly. I think most of them are anxious to make the best of places to which they have gone, and they feel that the inspectors are the people that can help them to do so.

2013. As regards the duty of nurses as distinct from the superintendent nurse, do you suggest that any alteration should be made in the Order specifying the duties of nurse?—I think it is much wiser to leave that matter to the superintendent nurse; she can arrange that much better.

2014. But in cases where there was no superintendent nurse?—Then I think the duties ought to be defined quite clearly.

2015. You think that the duties of nurses should be defined by this Board?—Yes.

2016. And it should be distinctly understood that this is not to apply to the duties of nurses where there is a superintendent nurse?—Exactly.

Mrs. WATES, called; and Examined.

Mrs. Wates.

2017. (Chairman.) Mrs. Wates, you have come to represent the Matrons' Council of Great Britain and Ireland, I understand?—Yes, sir.

2018. This is an Association of superintendents of trained nurses, is it not?—Yes.

2019. It is not only a Poor Law Association, is it?—Oh, no; it includes the matrons of many general and special hospitals, and Poor Law infirmaries.

2020. Your Association has a strong opinion that there should be a nursing department in connection with this Board; is not that so?—Yes.

2021. And you would like to have a trained and experienced nurse in charge of that department, would you not?—Yes, I should.

2022. Whom, I gather, would be a matron?—Yes. I have summed it up in a few words, and with your permission I will read it: "It seems to me that many of the present difficulties would be met by the formation of an advisory committee on nursing matters in connection with the Local Government Board. I should suggest that some of the members of such a Board should be experts on nursing, that the inspection of nursing matters should be under its control, and that the secretary should be a fully-trained nurse."

2023. We have had a good deal of evidence on this point already from several other witnesses. Has your Association held a consultation or meeting on this subject at all? Have you considered the details at all?—We have considered the details of the scheme in connection with the Army Nursing Department. We drew up that scheme, and submitted it to the War Office, and it was adopted almost in full.

2024. Has your Association taken it into their consideration that the difference is that these military nurses are in the position of soldiers, to go where they are told, and the War Office is from start to finish your master, whereas under the Poor Law the nurses are the servants of the Guardians and not of this Board; have they considered that difficulty?—Oh, yes; I think that would have to be considered. But the nurses are also the servants of the ratepayers, and the Local Government Board governs all of them.

2025. Yes, but we should have no power to direct a Board of Guardians to employ a certain nurse, in the same way that the War Office can send a certain nurse to a certain place?—Oh, no.

2026. Would your Association propose that we should say to the Guardians of a certain union: "You must employ Nurse A"?—Certainly not; the Local Government Board could not be in a position to know those things.

2027. You were yourself matron of the Lewisham Infirmary, were you not?—Yes.

2028. How long ago was that?—I left a year ago last October.

2029. Did you find great difficulty in obtaining nurses?—I always had more than enough; I had no difficulty.

2030. What average number of sick would there be there?—About 300; they have 400 beds, but the infirmary has never been full.

2031. Had you a resident medical officer?—Yes; three latterly.

2032. Then you trained probationers?—Yes.

2033. Could you get as many probationers as you wanted?—More than enough; I could have supplied another infirmary of that size.

2034. So that there is no dearth of raw material; there are plenty of women ready to come as nurses?—I do not think there are a great many of the right sort.

2035. Do you mean of the right sort in the way of education or social position?—We did not regard social position very much. We wanted nurses of good health and fair education. We got them from the upper middle classes generally.

2036. Did you get any at Lewisham from the country districts, or were they mostly town girls that came to you?—There was a fair proportion of town girls.

2037. The class of farmers' daughters; did they come to you?—No, we had clergymen's daughters, doctors' daughters, and tradesmen's daughters mostly.

2038. May I take it that, as a matter of fact, in your opinion a sufficiency of nurses could be found?—Yes, I think so; under favourable conditions.

2039. Did the probationers you trained at Lewisham stay in the Poor Law service?—Not one of them. I have made inquiries.

2040. I suppose there were a good many while you were there?—Something over fifty.

2041. And they all left?—They are all in other services now.

2042. To what do you attribute the fact that they all left the Poor Law service?—I attribute it largely to the fact that there is almost no promotion under the Poor Law, and the conditions in most workhouses and infirmaries are most unfavourable for nurses.

2043. As to the training of probationers; your Association holds an opinion that to train them in workhouse infirmaries is impossible?—Yes, as workhouses now are.

2019
Mrs. Wates.

2044. Is that a resolution of the Association or is that your own opinion?—No, sir, there is no resolution; there has not been a meeting since I was asked to attend here.

2045. This is your own opinion, then?—Yes, that is my opinion. I saw the president, and I told her mainly what I thought about these questions, and she agreed.

2046. Would you do away with all training of probationers in workhouses?—I think they cannot be trained in workhouses.

2047. You are speaking of workhouses not separated. Do you think they can be trained in an infirmary where it is separated?—They can be trained in an infirmary, but not in a workhouse.

2048. I take it that what you have to say about the difficulty of training probationers in Poor Law institutions only applies where an infirmary is not separated from the body of the house?—Yes.

2049. Your Association—the Matrons' Council—has it got affiliated with it or connected with it any places in the country districts for training probationers? Are there any smaller infirmaries of any sort connected with you?—The matrons of such may be connected with us. This is an Association of trained matrons.

2050. You are using the term "matron" not as meaning the matron of the workhouse, are you?—If she is a trained nurse holding a three years' certificate she can be a member of our Association, and you have a good many trained matrons of workhouses now, have you not?—

2051. Then there may be a member of your Association who is a matron of a small workhouse, if she is a trained nurse?—Yes.

2052. Has the Association had any complaints from such matrons of the difficulty of getting nurses?—Oh, yes, they have complained bitterly.

2053. Have they complained more lately than before?—I think it has grown—this difficulty.

2054. You have never been in a country place yourself, perhaps; you have never held office anywhere in the country?—No, sir, never. I was night superintendent and assistant matron at Chelsea Infirmary, and from there I went to Lewisham.

2055. (Mr. Knollys.) Why do you think it impossible to train where the infirmary is separate from the body of the house?—There would be no cases that would afford scope for training. The cases would all be removed to the infirmary, and the nurse could not see those cases.

2056. Do I understand you to say that they can be trained where the infirmary is separate?—Yes, but not in the workhouse. I do not think they can be trained unless the infirmary is separate, because you would then have a trained matron in the infirmary who would instruct the nurses, and you would have trained nurses at the head of each ward who would give them instruction.

2057. You think they cannot be trained unless the infirmary is separated from the workhouse, do you not?—I think the conditions of training must include that there is a medical officer who will lecture to the nurses and a trained nurse under whom they can learn their work.

2058. You say you think they cannot be trained unless the infirmary is separate from the workhouse; are you quite clear as to that?—I think they can be trained if there are people to train them, but with an untrained matron and no medical officer I do not think they can be.

2059. I want you to state why you think they could not be trained?—In the workhouse where the sick are removed?

2060. No, where they are not removed. Where the infirmary and the workhouse are all under one administration?—Because I take it there would not be a sufficient number of cases; there would not be a trained matron nor a medical officer to instruct them.

2061. But suppose there were all these things?—Then I think they can train.

2062. That is the condition of things at Brownlow Hill, where there are at least 3,000 inmates?—Of course they can train there.

2063. After a workhouse infirmary training is not a nurse in a far better position to remain in the sick wards as an ordinary nurse than after a training in a general hospital?—I have not found it so.

2064. I do not know whether I make my meaning quite clear?—You mean that a training in the workhouse fits a nurse better than a training in a hospital to remain in the service? I have not found it so.

2065. (Chairman.) Mrs. Wates, what is your opinion about the appointment of matrons who are trained nurses? Do you advocate the appointment of trained nurses as matrons in workhouses?—Yes, most strongly.

2066. Do you consider that would prevent a good deal of friction with the other nurses—the fact that the matron was trained?—I am sure it would.

2067. You say a good many of your members are themselves matrons of workhouses as well as being trained nurses?—Of workhouse infirmaries—not of workhouses.

2068. (Mr. Knollys.) Have you any suggestion to make with regard to the matrons having no control in the sick wards. Do you think the superintendent nurse should have the sole control of the sick wards?—No, sir.

2069. You would leave the matron of the workhouse that control?—I would leave the superintendent nurse responsible to the doctor for carrying out his directions as to the care and treatment of the sick, but in all other things I would have it as the Local Government Board have decided—that she is responsible to the matron, who is appointed as the head of the institution.

2070. Then as regards the leave of the nurses—would you leave that in the hands of the superintendent nurse?—No, in the hands of the matron for the female staff. That already works in infirmaries; I worked under those conditions; I was matron, and I arranged all the leave.

2070*. Yes, but you were in an infirmary under separate administration; I am thinking of cases where the infirmary and the rest of the workhouses is under one administration?—Yes, I understand.

2071. In that case there is only one superintendent nurse; would you still leave the thing in the hands of the matrons?—Yes. I do not see how you can have two heads in these matters; that would make the superintendent nurse the first female superior officer and the matron was given that appointment.

2072. Not necessarily, because the matron would have control over all other things?—It is practically separating the sick wards.

2073. But it would leave them both under the master?—I do not think it would work.

2074. (Dr. Fuller.) You know the Nursing Order of 1897. In Article IV. it says: "It shall be the duty of the superintendent nurse to superintend and control the other nurses and assistant nurses in the workhouse in the performance of their duties; but such superintendence and control shall, in all matters of treatment of the sick, be subject to the directions of the medical officer of the workhouse, and in all other matters to the directions of the master or matron of the workhouse." Did you mean that the matron should have a right to interfere in giving leave to the nurses when the superintendent nurse refuses to give them leave?—They must work together in that.

2075. I want to make it quite clear what was intended?—It is quite clear, that the matron was the head and the superintendent nurse was subordinate; they must work things out together; every matron has to do that in a hospital or infirmary.

2076. You do not suggest that the matron should interfere between a superintendent nurse and a nurse?—I think the matron should have the authority.

2077. Do you wish us to understand that supposing the nurse, say in charge of a ward, wished to leave for a few hours, and the superintendent nurse thought that it would be detrimental to the welfare of the sick in that ward if she went?—She would represent that to the matron.

2078. And do you think it would be right for the matron to give leave to that nurse to go?—Certainly not.

2079. You do not suggest any alteration in the Order?—No, I suggest no alteration in the Order as it stands.

2080. But it is very clear here that the control of the

Mrs. Wates.

nurses is to be in the hands of the superintendent nurse, and that the superintendence of the nurses is not subject to the intervention of the master and matron; you suggest that superintendence as regards other matters not concerning the treatment of the sick should be delegated to the master and matron of the workhouse?—I think the matron should be the superior officer, and everything should be submitted to her; if she is to hold her position she must be the head, and if the superintendent nurse wants to give a nurse leave she must represent that to the matron to decide.

2081. But supposing the superintendent nurse requisitioned for extra sheets, and the matron of the

workhouse, not being a trained nurse, does not understand the necessity for these extra sheets, and she refuses to supply them, what would you say then?—I should say the difficulty is that the matron is ignorant of the details of nursing; it would have to be referred to the committee.

2082. But in the meantime the sheets are not supplied; what would you suggest to obviate that difficulty?—The committee must grant more.

2083. This is a difficulty which is constantly arising?—I do not think it would simplify matters to make the superintendent nurse independent of the matron; that would be subversive of all discipline and order.

Miss MARQUARDT, called; and Examined.

Miss Marquardt.

2084. (Chairman.) Miss Marquardt, you are matron of the Camberwell Infirmary, are you not?—Yes.

2085. And you were formerly superintendent nurse at the Birkenhead Union Infirmary?—Yes.

2086. Did you find difficulty at Birkenhead in getting nurses?—Yes, we had difficulty in getting assistant nurses—no difficulty in getting probationers; I had to tell the guardians that they must have probationers because of the difficulty. You waste so much time; I have had the same experience at Camberwell, in advertising for them, and when you get them very often they have to go at the end of the month, and thus three months are wasted.

2087. You suggested to the Birkenhead Guardians that they should take probationers?—Yes, it was a matter of expediency.

2088. Is there a resident medical officer?—Yes.

2089. So that the probationers can qualify?—Yes, I went to organise the training school there. It is the same at Camberwell, you can get probationers, but no nurses. I have just the same experience to-day; if we do get them, they do more harm than good, both in tone and training.

2090. How long have you been at Camberwell?—I have been three years in May at Camberwell.

2091. Were there probationers there already?—No, I started the training school there.

2092. Are any of them still there—any of the old probationers?—They had no probationers before that.

2093. The first ones you took—are they still there?—Oh, yes, they go in for their final next May. We hope they will all stay on after that. We have released three, one failed, one had to be married unexpectedly, but these were the only three that have not gone on.

2094. This difficulty of obtaining nurses, how would you suggest that it ought to be got rid of. Do you consider it is in the conditions of service that the difficulty arises?—I do not think you will have any difficulty after a while with the large infirmaries, but I do think in the smaller infirmaries the only remedy is to improve conditions, both as to conditions of service and salary.

2095. You lay some stress on increased salary, on less hours of duty, and on an increase of staff?—Of course, less hours of duty always mean an increase of staff.

2096. And better arrangements as to superannuation?—I think the nurses are unfairly placed in that matter.

2097. As to an increased staff, what would you consider a proper number of beds to one nurse?—The maximum to one is generally given as 10 beds, but it must be remembered that you have to take the night duty into consideration; it is nearly always forgotten in estimates that you have to have a double staff.

2098. Then as to times off duty, what leave do you think they ought to have in the year?—I think three weeks should be the minimum.

2099. Besides that you would give them, I see, one day each month?—Yes.

2100. And a half day each week?—Yes.

2101. And two hours a day and one evening each week?—Yes.

2102. And Sunday leave of three hours?—Yes, the idea of that is that they may attend, if they wish, the services of the different sects. Nurses have only a fortnight's holiday in the generality of infirmaries now.

2103. What should be the qualifications of proba-

tioners? How young would you take them?—Not younger than 21.

2104. Would you take them at 21?—Yes.

2105. Would you take them on a three months' trial?—I think that is absolutely necessary, because so many candidates present themselves who are not suited for nursing; even experienced people cannot always tell—they develop unexpected traits; another thing is that the life does not always suit them as to health.

2106. You lay some stress on rapid writing; what is that for?—You find so many applicants apply who are not suitable at all, and if you have a few things in your mind you can weed them out quickly. For instance, I always submit them to a spelling test, and if they are wrong in two out of three, I refer them back; it saves my time and theirs, too. And then there are the lectures; the theoretical part is of much importance now, and they are required to take rapid notes; if they are to be successful, I think they should write fairly rapidly.

2107. We have had a great deal of evidence on the subject of a Nursing Department, and several things have been laid before us, amongst them the Yorkshire scheme. Have you any knowledge of the Yorkshire scheme?—Only so far as I have read it in the Poor Law journals.

2108. Does it appear a good scheme to you?—It does; it appears to be in a small way what one would like in a national scheme.

2109. Do you think it would work in local centres?—I apprehend that it will be done by the counties.

2110. As to the training of probationers; would you wish any alterations made in our present regulations with regard to them; do you lay any stress on there being a resident medical officer?—Yes; I do not think you should reduce the standard.

2111. Do you think if the medical officer gives his whole time that would be sufficient?—You mean if he did not live there; yes, I think if he acts in the same way that would do as well.

2112. You do not lay stress on where he sleeps?—I think he should be in the building. I have never yet been anywhere without a doctor, and it seems to me somewhat strange that places are managed without them. I think it must reflect on the staff later; it is a kind of make-shift arrangement. For instance, if a patient changes suddenly in the night, and you cannot appeal to the doctor, the nurse has to fall back on her own resources; she is not a doctor, and it tends to become a false system of education.

2113. You would suggest several certificates for probationers to obtain, would you not?—No, I would include them in one.

2114. But you suggest various examinations?—Yes, they ought really to have that now, I think. We have the final examination by a doctor only. I think the final examination should be held by an outside doctor and a certificated experienced nurse.

2115. I see that you consider that they ought to attend in the operating theatre. Do you think that operations ought to be performed in Poor Law infirmaries?—Oh, yes, I do not see that you can call it a training school unless you do. I think most infirmaries do them. At Birkenhead we had an average of 150—minor and major—in the year. At Camberwell we have nearly 300.

2116. I see that you are not satisfied with the present condition of knowledge as to midwifery?—No, that is a reason for this dearth of suitable applicants as superintendent nurses—a slight reason—that many Boards of

Guardians make it a requirement for the superintendent nurse to have some knowledge of midwifery. I do not know the percentage who have not these certificates, but many of them have experience in obstetrical nursing. I have myself attended many women and nursed them after it. I have delivered more than 30 normal presentations.

2117. You consider that this is a branch of knowledge in which probationers ought to have more training than they have now?—Yes, it means that you lose them because they are not eligible for these appointments—superintendent nurses.

2118. (*Dr. Downes.*) Where were you trained yourself, Miss Marquardt?—At the Royal Free Hospital.

2119. Have you any Scotch experience?—No.

2120. In your curriculum at Camberwell, do you include any instruction in ward management?—No.

2121. Do your nurses before they obtain their certificate obtain any practical experience of ward management?—They have to take the sister's duties when she is off, and we have not a holiday sister.

2122. They get experience in that way?—Yes.

2123. Do you attach importance to that?—I think the senior probationers should have some knowledge of ward management.

2124. How would they get it?—Only by seeing the sister; how she manages, and by taking her duties when she is absent.

2125. Have you any suggestions to make as to the length of curriculum?—I think it should be three years; I do not agree that it should be longer at present, because I do not think you would get the candidates.

2126. What proportion of the probationers should be in their first year in your experience?—That I have not considered; it is a matter of expediency.

2127. You agree it is desirable not to have too many?—Oh, yes, I hope to retain most of my probationers as staff nurses, but it is doubtful, because of the small salaries; it is only £22 per annum.

2128. You were superintendent nurse at Birkenhead?—Yes, for three and a-half years.

2129. How many beds were there there?—From 360 to 400 when I left, and a nurses' home.

2130. Were you the first superintendent nurse there?—Yes. I found only twelve nurses altogether. I left 23.

2131. Did you find any difficulty in starting your duties at Birkenhead?—The great difficulty was that I had to adopt an attitude of defiance to the master; I had to go on doing what I considered was my duty in spite of his wishes.

2132. What were the difficulties, if you can specify them?—A nurse would come to me.

2133. But can you give some general heads?—He one day ordered me to give medicine to a patient, but I refused. I think my experience was unique.

2134. We want to get at general difficulties?—First of all he incited the nurses to insubordination to me, and any orders that I gave them; he sent them for a holiday without consulting me or telling me.

Mr. J. T. WHITE, called; and Examined.

2155. (*Chairman.*) Mr. White, I think you are Honorary Secretary of the Workhouse Masters' and Matrons' Association?—Yes, sir.

2156. You are yourself master of Epsom Workhouse, are you not?—Yes.

2157. What number of inmates have you there?—430 there to-day, sir; we average about 360 taking all the year round.

2158. How many beds for the sick have you?—150, sir, including the isolation wards.

2159. How many are occupied to-day?—All through the winter we have not had more than a couple of beds to spare. We have had to discharge patients as quickly as possible in order to let worse patients come in.

2160. You appear, with the other ladies and gentlemen to-day, as witnesses on behalf of your Association to give us evidence on the Reference to us as to whether there should be a more strict definition of the respective

2135. Were any regulations drawn up by the Guardians?—Yes, very wise and very fair regulations.

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Marquardt.

2136. Have you any copy of them?—No.

2137. At what period of your appointment were these regulations drawn up?—Before I came; oh, no, after, I think. I did not get them until I had been there three months.

2138. Did the master act in contravention of those regulations?—Undoubtedly.

2139. How did the Guardians deal with the case?—Always in favour of the master at first.

2140. And eventually?—Eventually they were kind in everything. Latterly the master never entered the infirmary.

2141. So that in your particular case the Guardians settled the difficulty?—Entirely.

2142. Were there any difficulties the Guardians could not settle?—Yes, once I wrote to the inspector. Various reports were spread about concerning me, which threatened to take away my respectability.

2143. I think that is not inherent to the Poor Law; one's character can be attacked anywhere; I want general difficulties of administration with which the Guardians were unable to deal. Had you any difficulty with regard to the supply of scrubbers to keep the wards clean?—Yes.

2144. Did the Guardians deal with that matter?—Yes, entirely.

2145. What did they do?—They said I was always to write for the help required, and if not supplied I was to apply to the visiting committee.

2146. Was the result satisfactory?—Yes.

2147. After the Guardians gave those directions everything went on well?—Yes.

2148. Did you have any difficulty with regard to the stock of linen?—Great difficulty; it was my chief difficulty. I had to ask for a requisition book; I was supposed to requisition the master and matron. At last I said it was impossible for me to obtain the linen required for the patients; the Guardians then went into the subject, and sent for my book, and saw that I had written for these things, and they had not been supplied; and after that they agreed that I should have a requisition book, and that anything I wanted should be placed before them.

2149. So that again the Guardians solved the difficulty?—When I left Birkenhead everything was very good indeed—so far as I was concerned. I was there three and a-half years.

2150. And in that time you saw great improvements?—Yes.

2151. Was there any change in the appointment of master and matron during those three years?—Oh, yes; they left.

2152-3. Did the improvement date from the appointment of the new master and matron?—Oh, no; long before.

2154. So that the improvement did come about through the efforts of Guardians to deal with the appeals you made?—Yes.

duties of master and matron and superintendent nurse?—Yes, sir.

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2161. Has your Association passed any resolutions on that subject?—They have passed a resolution in general terms that the *status quo* as settled in 1897 should be recommended to your Committee as being our views—the recommendation that you published in your Circular of 29th January, 1895, and this Nursing Order of August, 1897, that a superintendent nurse shall, in all matters relating to the treatment of the sick, be subject to the directions of the medical officer, and in all other matters to the directions of the master and matron. That represents the view of our Association as a body, with this proviso—that it ought to be read in the spirit as well as in the letter. That is my own personal view entirely also—that it is a matter of intelligent rendering.

2162. So that, if the Order is intelligently rendered, your Association is in favour of things as they now stand?—Quite so, sir.

Mr. J. T. White. 2163. I must tell you, Mr. White, that the Committee have decided that they must not go into any question of personal disagreement between officers, only into the general question of causes of friction?—Yes, sir.

2164. You have a superintendent nurse, have you not?—Yes, sir.

2165. Has she been there for some time?—Our nursing staff has not changed during the last 10 years, except the probationer nurses who have finished their three years' training. These girls stay with us for three years; they are girls of good education, good character, of the class you would expect to see as schoolmistresses. We have had no trouble. I can speak from my own personal point of view—my trouble in the nursing world has been nil. Unfortunately our superintendent nurse contracted pneumonia through devotion to duty; did not take much care of herself, again through devotion to duty; did not lie up as soon as she might have done; she died about six weeks ago; she had been with us 10 years, and had been superintendent nurse since the passing of the order of 1897.

2166. Is your wife the matron?—Yes, sir.

2167. Is she a trained nurse?—No, sir.

2168. (Mr. Knollys.) At Epsom do you grant the nurses leave, or do you leave it to the superintendent nurse?—Oh, we leave it to the nurse; they have two hours off duty every day. I as master, and the matron as matron, do not want to know when these nurses go out; there is fixed leave for all nurses. All we want to know is when she is off the premises; she has not to come to us for leave.

2169. But the nurses under her?—We do not want to know about their fixed leave either; so long as she gives it, we are satisfied.

2170. You leave it to the superintendent nurse?—Yes, all except late leave; if one of the nurses wanted to be out late, then we should expect to be asked, certainly. But as to the nurses having their fixed leave we never know; we never interfere in any way; we should never dream of interfering in any way.

2171. With regard to provisions for the sick wards; to whom does the superintendent nurse send her requisition?—To me, sir.

2172. And with regard to sheets and bedding?—To the matron, sir.

2173. Have you ever had any friction through that? Has she ever requisitioned for anything the matron did not think it necessary to supply?—I should say that occasionally there has been a point whether certain things should be supplied, but the point has been settled amongst ourselves as man to man.

2174. To whom would the appeal from the matron's decision be?—There has never been one, but it would have been to me, I suppose. But my experience has been so happy—we have never had any experience of the superintendent nurse appealing against the matron.

2175. Have you ever had any experience of the superintendent nurse appealing to the medical officer?—No, sir.

2176. As against the matron?—No, sir. But it is quite a question of tact on both sides.

2177. You consider you have been exceptionally lucky in your superintendent nurse, do you?—We have had a good nurse, who was content to keep her position as nurse.

2178. With ordinary tact, then, you see no reason why there should be friction?—None whatever.

2179. (Dr. Downes.) Have the Guardians at Epsom framed any regulations defining the duties of the superintendent nurse?—No, sir. So far as the superintendent nurse is concerned inside her bounds, we should never think of questioning her judgment—I should like to be quite clear on that point—but if it came to one's knowledge that a certain thing had happened in the ward (which may happen even in the best-regulated houses) it would be a question of my speaking to the superintendent nurse about it, and probably speaking to the doctor once or twice a year. But hitherto with us it has been a question of the two parts of the house working in unison.

2180. Has the superintendent nurse at Epsom any stores?—Yes, sir.

2181. And how are these kept up?—By stores, I should like to explain that by stores it would mean that

she has a certain amount of linen which is supposed to be in her stores or in the wash, and that amount has to be kept in stock continually. Stock is taken once in six months by the matron. I should further protect myself by seeing nothing is renewed without the old article being brought back as a matter of business, or some part of the old article. We must see that the article has been really worn out or fairly used up.

2182. How do you arrange for the supply of labour for keeping the wards clean?—We have two paid scrubbers, and we also have wardsmen and wardswomen. If the superintendent nurse has a complaint to make about the wardman she comes to me, and if she has a complaint to make about the wardswoman she speaks to the matron. In cases of this kind it has been our duty to stand by the officer.

2183. So if the superintendent nurse is not satisfied she complains to you in the case of a male, or to the matron in the case of a female?—Yes, sir.

2184. And you have no difficulty in this matter?—No difficulty at all.

2185. Does the superintendent nurse report to anyone?—She makes a daily report to the medical officer; that daily report, in the case of admissions, would be open for me to see. Every admission is reported, and I should be able to see that report.

2186. In the event of any question of discipline in the wards, or any question of structural repairs, how does she report that?—Direct to me.

2187. In writing or verbally?—She has a book in which everything the nurse asks for is put down; she might put it down in that, or in the case of structural repairs she might speak to me.

2188. Are any of her representations laid before the visiting committee?—No, sir, not as direct from the superintendent nurse.

2189. (Dr. Fuller.) Mr. White, you say that sometimes occasion has arisen to question whether it is right to supply what is asked for; do you supply, and then report to the Guardians?—We report to the medical officer, and ask him about certain stores.

2190. Before you supply?—No, we should supply. If the superintendent nurse asked for a supply of anything for the infirmary, I as master should supply it. If I thought it extravagant. I should report it to the medical officer or the Guardians that, I take it, is a matter outside my province to refuse to supply her wants.

2191. As a matter of fact, it is important that the master should supply what is requisitioned and then report?—Certainly, sir. Why should the master take responsibility of that kind? He is not the best judge of the circumstances. But there should be a veto there. I ought to say that, because I think I could adduce facts that unless a strict watch is kept things do multiply and bring trouble to the people concerned. It must be remembered, too, that what were necessities 10 years ago are necessities now; it is a matter of public progress, you see.

2192. In addition to being fortunate in your superintendent nurse, you are very fortunate in your workhouse medical officer at Epsom, are you not?—Very fortunate indeed, sir.

2193. Do you visit the sick wards yourself twice a day according to the Order?—I do not visit the wards at eight o'clock at night; I visit the superintendent nurse for the same purpose. Suppose we had a delirious case: I would certainly go across the last thing to see if she was all right for the night and had sufficient help, but I would not go through the sick wards at eight o'clock, as a rule.

2194. You do not consider your supervision necessary now, do you?—I do not think I could put it quite as broadly as that; I do not think it would be fair to put it like that, because there may be circumstances where a master or matron ought to have a right to go through the wards.

2195. Do you think it desirable that that Order should be extended to all workhouse infirmaries where a superintendent nurse is appointed?—(A copy of the *Farnham and Basingstoke Order* was handed to witness.) I am sorry to say I do not think it is advisable to extend it to everyone, because it is a question of individuals to a large extent, sir. I do not think it is advisable to extend it throughout the country. This not going round the

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wards at eleven a.m. and eight o'clock at night does seem to me to leave it doubtful from the nurse's point of view whether the master has anything to do with that part of the house or not. It may not be intended, but it would be wrong as conditions now exist. If it is a case of a ship having one captain and that one being recognised all through the house, then there would be no difficulty; but it is perfectly fair to add that nurses in some spheres of training have had it inculcated into them that the master and matron have nothing whatever to do with them. I am glad to say I am not speaking from that point of view personally, because all my experience has been very happy. But we are appointing a superintendent nurse in a fortnight's time, and I do not know what the next five years may bring. But with an intelligent rendering of your Order of 1897 there should be no difficulty at all; if you have an obstinate person on one side and an obstinate person on the other side, no matter what regulations you frame, there would be friction. It must be a matter of mutual working together. That may happen to be my character. I may be built that way. If it is a part of me to be diplomatic and tactful, so much to my benefit. If you get an untactful master or matron and an untactful superintendent nurse there you are bound to have difficulties—you will always have a batch of difficulties. My experience has been the experience of my chairman—an old chairman of the Board for 28 years—when we were appointing a probationer nurse the rules were read out to him, and he said: "If these girls want all these regulations we had better not have the girls at all."

2196. (*Mr. Knollys.*) If the morning visit were retained, do you think it desirable to alter the Order as regards the evening visit?—I am coming to that Order again. I cannot see what guarantee it gives a nurse; if the master has free access at any time, what can it matter whether it is eleven or eight?

2197. The nurses say the master going round at night disturbs the sick just as they have gone to sleep, which I can well understand; do you think for that reason the evening visit is not necessary?—Suppose you have any reason to suspect, as you might fairly have with a staff of 10 or 11, that there is something wrong in the infirmary and it happens to be eight o'clock at night, where would the master stand then?

2198. Well, then, it would rather be that you would propose to leave his visits optional, would you?—I think I should alter the wording of the Order a little; that it should not be laid down as a strict duty, but he might have the option; any sensible man would not exercise it on one night in a hundred.

2199. But if you leave it optional it would be nobody's business to go round?—I take it that you would make it the duty of the superintendent nurse, that the duty of going round devolves upon her, because it has been taken away from the master and matron. But suppose, as I put it before, you had a delirious patient in the infirmary who was likely to be violent, and assuming the nurse had not provided herself with proper help for the night, and I knew she had not done so, certainly it is my duty to go and see, and also for my own sake. I do not want to be called up in the night, and it is her duty to see that she has proper help both for her benefit and mine; at least any sensible people would do so. I make a big point of this word "sensible," the gist of the whole matter lies in the two parties being sensible folk.

2200. (*Dr. Downes.*) You will observe that the last words of the Order are that "Nothing in this Order shall affect the duties of a master and matron so far as such duties relate to the general control of the workhouse?—Quite so; but I think you would find if these two workhouses were carefully examined that the matron had not had the slightest thing to do with these infirmaries for the last 12 months.

2201. Do you see any reason for retaining that they shall visit at a definite time?—No, sir.

2202. So long as their power of visiting is retained you would be content?—Quite content.

2203. It has been suggested that the union, if structural conditions permit, should be entirely relieved of the control of the sick wards. Have you anything to say on that point?—I should like a further definition of "structural conditions."

2204. We were told the other day of a case where the sick wards were in the centre of the house, so that it would be difficult to pass from one side of the house to the other without passing through the wards. The structural conditions in that case would be entirely

different to those where the infirmary was entirely separate; in this latter case should the matron be relieved?—So that where you had an infirmary 100 yards away that would be a case where the matron should be relieved; that would be the case in our infirmary. But if you relieved the matron of all responsibility in our infirmary, you would still give the matron the actual work of looking after the laundry, I suppose?

2205. Yes, if there was one laundry she would do so?—And you would still leave the matron responsible for mending the linen, and the proper supply of linen from the stores.

2206. That may or may not be?—And the cooking of the food?

2207. Have you one kitchen or two?—One. We should have to build.

2208. Take the case where there is one kitchen?—That is our own case. There the matron would still be responsible for the due preparation of food for the whole house.

2209. I want your observations as to that?—There are three points, to sum up. You would take away all the authority of the matron in the infirmary, but you would give the matron all the work with regard to the domestic arrangements, the supply of linen mending seeing that this is done, and being responsible for it. You absolutely have all the food cooked in the house, and hold us responsible if the food is wrong—if the superintendent nurse turns round and tells us the food is wrong—is it fair to do this?

2210. Your contention is that the suggestion would not be practicable?—No, unless you make very extensive alterations and separate the infirmary entirely. If you hold us responsible for these three big items let us have a little fairness on both sides.

2211. Have you had any difficulty with regard to the dietary?—No, we have a nurses' home. It is an old house that came into the market just as we were going to build a home. The nurses live there, about 100 yards from their work, so that they are quite away from their work. They have food to the value of 10s. 6d. a week each in lieu of fixed rations. We do not limit ourselves to anything. I can order anything with regard to the officers' food. My provision book contains about 80 articles instead of 40—the average.

2212. Who expends the 10s. 6d. per head?—The working housekeeper requisitions every week what she wants weekly, and they send across every morning what they want for the day; what joint they would like, and so on. They have poultry once a week; fish once a week. Everything they can possibly want they get.

2213. Have they a common mess?—Yes, and the superintendent nurse at the head of the table.

2214. Each nurse does not separately requisition?—No, it is a common mess.

2215. Where is the cooking done?—The cooking is done at the nurses' home; there is a working housekeeper.

2216. I gather that the nurses themselves do not expend the 10s. 6d.?—No, they order what they want for the day. There is only the one invoice for all the officers. I should like, if I may, to make a few general remarks on the whole subject. I am not here to speak in my own personal interests. The Nursing Order to me has been a perfect haven of delight. We have had no changes. I have never had to report a nurse, or a nurse to report me, and I have been at Epsom seven years. We have worked as one family. Therefore, I am in a perfectly safe position as far as I myself am concerned. But with regard to the matron's position I have tried to put it as fairly as I could in those three items. My own wife takes up a perfectly neutral position in the matter that the matron has no responsibility, and has nothing to do with the nursing of the sick. If anything goes wrong with the nursing she feels that she is not the responsible officer; but feels, looking at the matter from a public point of view, that she has to see that things used in the house are used in the manner intended. Taking the general subject, if I might put it so (I think I have put it to you before, Dr. Downes), that during the last 10 or 15 years there has been amongst workhouse masters a form of upheaval, as well as in the nursing profession, and masters and matrons of the present day are only too anxious to be in the van of progress—as much so as the nursing world. We recognise the signs of the times. We know that what was considered good 10 or 15 years ago would not be

Mr.
J. T. White.

thought so now. We have tried to keep ourselves up to that standard. We do not presume to have the technical qualifications that the superintendent nurse has; it is outside our province altogether; but in the matter of general culture and in a matter of general administration we presume to be the nurse's equals; indeed, in the matter of general administration we presume to be superior to the nurse, because the nurse's training in essence is not a training in administration, and we contend that the master and matron are a kind of buffer state between the superintendent nurse and the patient at times. These times are isolated and rare, but such things may happen in all houses, and there certainly should be a court of appeal as between the superintendent nurse and the patient. It very seldom happens, but there should be an arbiter, and that arbiter will in most cases prove to be the master generally; and then in our country workhouses it happens in four out of five that the structures are so constituted as not to be separate, and if you are going to put the onus of supplying all the wants of the infirmary from a working point of view outside the nursing upon the matron's shoulders, then in all fairness, as I have said, you cannot expect the matron to have every vestige of authority taken from her inside the infirmary proper. It is not good for the superintendent nurse, and some of them will tell you so, that administration proper should concern them—that is, as regards discipline and quarrels; it is not in their line of business at all; they have had no training in that any more than we have had training in nursing. I have never for the life of me been able to see where the difficulty is. I may have difficulties before me—I do not wish to anticipate them, but I am not going to enter upon them in that spirit at all. But it does strike me that when you appoint a master and matron under certain conditions, it certainly has not been the policy of the Board in times past to deprive the officers then holding these positions of various parts of their functions; it has not been the policy of the Local Government Board, and we look to the Local Government Board for a continuance of that policy, if masters may put in a word. Four or five years ago a committee met about the management of workhouses, and ever since that 1896 report was issued no one has more zealously and more actively carried it out than workhouse masters, as a rule. When your report of 1897 was issued we made no bother about the Nursing Order. Masters and matrons are not, as a rule, antagonistic to the nursing profession, but when that is the case, and a master cannot work with any-

body, then I say remove the master. The Nursing Order of 1897 we tried to accept loyally, and from my experience of masters they are prepared to accept it. It wants an intelligent rendering of the Order; if the nurse wants things, give them to her, and if you have complaints to make, let the nurse have what she requisitions for and report to the proper authority afterwards.

Then take your last Order; there, again right throughout the country it is fair to say that nine masters out of every ten have promulgated that Order, have framed the dietaries, and they have been passed by their various Boards and brought into use; and if the Dietary Order is a success, I think the Local Government Board will have to acknowledge that the masters have acted in the spirit and the letter of the Order. Speaking for myself, the actual saving to us through the Dietaries Order of 1899 will be about £200 a year. The inmates get a better diet, more varied and suitable. I think my Board would bear me out that the doctor went into the sick part of the Order, but that the real work in connection with this Order fell upon the shoulders of two people—that is, upon the master and the matron. They are simply taking this Order and trying to administer it. I ask you to remember that there are masters and matrons in the service who are trying to take an intelligent conception of your Orders, and of the Poor Law as it stands to-day. Fifteen years ago the Poor Law was nearly penal; now the industrial conditions have so changed, the people you get in are so changed, and the masters and matrons are rising to that conception and that position. I hope in any legislation that the Local Government Board will bear in mind these two or three facts. If there are masters and matrons who will not take this high conception of their duties, clear them out. In the appointment of masters and matrons and superintendent nurses, make the most stringent inquiries you can of every kind, even if you have to alter your form for the appointments; but having got the people, both superintendent nurse and master and matron, you will have to trust them.

2217. You spoke of the master and matron having capacity for administration, where do they learn that capacity any more than a trained nurse would learn it?—I take it there are very few masters or matrons appointed who have not gone through several subordinate offices in the workhouse, but the nurse has been confined to one sphere of duty all through, and she has not had administrative duties to perform.

Mrs. RICHMOND, called; and Examined.

Mrs.
Richmond.

2218. (Chairman.) You are a matron of the Luton Workhouse, are you not?—Yes.

2219. What sort of size workhouse is that? How many inmates are there?—The average is about 280—we have had 300; the place is certified for 400, but there has never been that number since I have been there.

2220. How many have you in the sick wards?—We have had as many as 130, but we average about 100 in the sick wards.

2221. Have you personally found it difficult to act with the superintendent nurse under our present regulations?—No, not at all; not with the one I have at present.

2222. Are you a trained nurse yourself?—Yes.

2223. Have you had the same superintendent nurse at Luton for some time?—Yes, she was there when I went, and has been there the whole time.

2224. How long have you been there?—I have been there two years next July.

2225. Have you any suggestion to make as to any alteration of the present definition of the respective duties of master and matron and superintendent nurse?—Article IV. in the Nursing Order, if interpreted literally is sure to cause trouble. The superintendent should be allowed to control the nurses' time off duty, and apportion to them their wards. She must also be supplied with the necessary linen for the infirmary, and allowed to give it out to the different wards at her own discretion. With regard to drugs, surgical dressings or any other things for the exclusive use of the infirmary, I think the only duty which should devolve upon the master and matron is to see that the goods received correspond with the delivery note. The doctor

should be held responsible for checking any tendency to extravagance in the use of such articles.

2226. (Dr. Downes.) You say you have had no difficulty at Luton?—No, no difficulty.

2227. Who arranges the leave of the nurses?—The superintendent nurse. I think the time of coming on and going off duty, also amount of daily and weekly leave and holidays, should always be fixed by the Guardians, and power given to the superintendent nurse to arrange the time at her own discretion when most convenient for the work of the wards. All leave which would necessitate the master or matron sitting up should be with their permission. This is now done at Luton.

2228. What arrangements do you make as to diet?—The nurses' dining-room is in the infirmary. They also have a pantry. Groceries, such as tea, sugar, pickles, or any other necessities are requisitioned by the superintendent nurse, and issued to her weekly. This arrangement has proved to be very satisfactory, as the nurses can now have what they want.

2229. Does your superintendent nurse keep any stores of linen?—No, except what is kept in the ordinary store-room in the wards.

2230. How does she obtain what she wants?—She requisitions from me; she brings in the old ones, and I give her new ones, and all necessary increase of stock.

2231. Do you wish to make any general remarks?—I think with regard to the scarcity of nurses in workhouses it is to a very great extent due to the monotony of the work; many of the workhouses are in the country where the nurses cannot have the society and companionship that they get in workhouses in town, or where there is a large number of nurses. I do not

think it is entirely due to the attitude of masters and matrons, though it has been attributed to that. The nurses have been prejudiced by the heads of training schools and by the Press against masters and matrons. There may be some cases, but I think there are also many things which deter nurses from remaining in the Poor Law service which might be remedied by the Guardians. At Luton the nurses had to do their own cooking when I went there, that was a most undesirable arrangement. Then again the Guardians could not see the necessity of having more than one night nurse; one nurse was on duty with 100 patients at night. Several nurses who had resigned said they were quite nervous; that was one cause of dissatisfaction.

2232. Do you think the fact of your being a trained nurse has made things easier?—Yes, I have been able to support the superintendent nurse, and the Guardians have said, "We have got two against us now—there is the matron as well as the nurse."

2233. Do you go round the wards at eight o'clock at night?—No.

2234. Do you think the Order as to the matron going round the wards at eight o'clock in the evening is

necessary?—No, it is not necessary where there is a superintendent nurse. The matron should visit at her own convenience and discretion.

2235. Have you as ample a scale of leave as that at Dover?—Our nurses have a fortnight's holiday in the year; they go on duty at 7.30 in the morning, they have had their breakfast, and they go off at eight in the evening; they have one hour off during the day, and a half day a week from two o'clock till ten, and a whole day a month. On Sundays they have the morning, the afternoon and the evening in rotation.

2236. Of course that would not have been possible if you had not secured another night nurse?—It was in force; but it was very seldom the nurse could get her day a month.

2237. (*Mr. Knollys.*) Are they content with a fortnight's holiday?—They have not complained, but I do not think nurses generally are content with a fortnight's holiday. I think the majority of them feel that they ought to have more. Referring to the whole day per month, our nurses are allowed (when they wish to visit their friends) to go the evening before. I think this should be so, as it is much appreciated.

*Mrs.
Richmond.*

Mrs. SANDERCOCK, called; and Examined.

2238. (*Chairman.*) Mrs. Sandereock, you are matron of the Dover Workhouse, are you not?—Yes.

2239. How many sick have you in your infirmary?—We have 170 beds.

2240. Have you often had difficulty in carrying out under the present conditions the regulations as to the respective duties of matron and superintendent nurse?—No, we have been very fortunate—we have a very good superintendent nurse. I had a little trouble with her predecessor, but we have a very good one now and things work very comfortably.

2241. How long have you been there?—A little over eleven years: eleven years last October.

2242. How many superintendent nurses have there been since 1897?—Three; this one has been with us, I think, about two years. I find there is a little friction amongst the nurses themselves: they have not anything to bring against the superintendent nurse, but they have friction between themselves, and she has a good bit of trouble sometimes that way with them. I let her manage the nurses; if I have anything to say I say it through the superintendent nurse; if they have any complaint to make it is made in the same way.

2243. It all passes through the superintendent nurse to you?—Yes; of course I should listen to any complaint, and I should tell her what I thought would be the best way of managing, and tell her to come to me if there was any difficulty.

2244. Have you a Nurses' Home at Dover?—No, but we are going to build one.

2245. How do they do about their food?—We have a paid cook for them, and the superintendent nurse is supposed to see that the food is cooked properly, and she presides at the table at dinner-time; the other meals the nurses have to take in their own rooms. Now we have nine nurses, and we have just had to take some of the isolation wards to make accommodation for them.

2246. (*Mr. Knollys.*) You said you had a paid cook for them; have you a separate cook for the nurses?—Yes, they are quite separate; she cooks for the nurses and looks after their meals; she does not do anything else in the House.

2247. She waits entirely on the nurses?—Yes, on the nurses.

2248. Do you suggest any alteration in the present Orders of the Local Government Board as regards your duties?—No, we are going on very comfortably; but I should not like to resign any of my authority or position in any way, because I do not think any House would be large enough to hold two matrons.

2249. (*Chairman.*) Mrs. Sandereock, you are not a trained nurse yourself, are you?—No.

2250. Have you any general remarks to make?—When I first went to Dover the nurses had to do their own cooking, and it is only lately that I have had a paid cook. I used to have to send inmates up to do it, but that was a very unsatisfactory arrangement, because they are constantly leaving the house, and they are not always clean. It was very unsatisfactory, and the nurses complained; so I asked the Guardians to let me have a paid cook, and I pay her through the wages book.

2251. You think that makes the nurses more contented?—Well, food is a great item in anyone's living, is it not? and then there is the cleaning of their rooms; that is also done for them now. I used to find before that they would often go on duty without having had any breakfast; now I have a woman permanently in the house.

2252. That smooths things a good deal?—Yes, and I think when we get our nurses' home they will have better accommodation. I think the reason why our nurses do not stay is because they get tired of the country and they do not have so much time off duty as in London houses; they cannot have it because we have not the staff of nurses to do the work. I have given them a good deal more time lately; the superintendent and I talk matters like these over together. I am quite willing for them to have as much time off duty as she can spare them. We have arranged it and the Guardians have sanctioned it, and we have now printed cards which we give to the nurses when they apply showing what times they will be off duty.

2253. Do you go round the wards at eight o'clock at night?—No.

2254. That Order is more honoured in the breach than the observance, is it?—Yes, I think a superintendent nurse would resent that to a certain extent, because she would be always there.

2255. (*Mr. Knollys.*) Does the superintendent nurse go round?—My superintendent nurse does every evening, and morning, and she also goes round with the doctor, master, or myself.

2256. Have you the card of leave with you which you say your Guardians drew up?—I have not one with me; it applies to all the other officers as well; the time is printed for all the officers, not separately for the nurses.

2257. Can you tell us what the time is for nurses?—Those on night duty go out every morning from ten o'clock till one, Sundays included. Those on day duty have three evenings a fortnight from five to ten, one day from two to ten. They have alternate Sunday mornings from ten to one, alternate Sunday evenings from five to ten, and one Sunday in four from two to ten, three weeks' holiday in the summer provided they have served twelve months.

*Mrs.
Sandercock.*

Mr. FINCHAM, called ; and Examined.

Mr.
Fincham.

2258. (*Chairman.*) Mr. Fincham, you are Master of the Cranbrook Workhouse, are you not?—Yes.

2259. How many sick are there at Cranbrook?—About fifty now, the number is exceptionally high.

2260. What is your usual number?—It varies from forty to fifty. When I was appointed there it was as low as about twenty: that is seventeen years ago.

2261. What number of nurses have you?—Two, sir, and a paid ward maid.

2262. Is there one called a superintendent nurse?—No, sir. We have had three nurses on previous occasions when the cases were rather heavy and the medical officer thought a little more help was necessary; the Guardians then engaged a third one temporarily for a year, but we have never had a superintendent nurse.

2263. At present you have two; have you had the same two for some little time; have they stayed with you?—No, we have had several changes just lately; they do not stop long as a rule.

2264. Where do they come from?—Some of them are partially trained nurses, not fully trained. We have had one fully trained nurse, but she was a failure; she did not satisfy the medical officer, and of course she had to go. One has been with us several years; she is a good, motherly sort of soul and takes a great interest in the welfare of the sick, and although the doctor has sometimes a great deal of trouble to make her thoroughly understand his directions, still she is in many respects a good sort of woman, and generally satisfies the medical officer; she came from Kensington Infirmary.

2265. Is the matron a trained nurse?—No.

2266. Have you any suggestions to make as to further defining the respective duties of master and matron and nurse; in your union there is no superintendent nurse, we must say nurse?—In regard to obtaining trained nurses in country workhouses and retaining them, I should say that generally speaking it is because the supply of trained nurses is not equal to the demand, and because many partially trained but unqualified nurses with testimonials from doctors and others take appointments at low wages. Another cause is the bad accommodation and attendance; another is that the wards are often badly arranged for patients; also the night nurse is seldom away from noise or disturbance through the day. There should be more definite rules for the guidance of nurses.

2267. We have had a lot of evidence from the nurses

themselves on these points?—The rations are not so liberal as they might be, but I think that could be overcome; in this matter we have no difficulty. In small houses I think it is necessary that nurses should be extraordinarily qualified rather than not qualified, because these houses are frequently far away from the medical officer, and there is some considerable delay in getting him there. If I have incompetent nurses (one on night duty and one on day duty) things are apt to go wrong, and my wife, although not trained, has been told by the medical officer that she is far more competent than many trained nurses. I mention this because my wife does go into the infirmary when the nurse goes off duty, and takes duty for her. So far we have not had a single cause of friction. The sick cannot be left uncared for during the absence of the nurse.

2268. Do your nurses come from your own part of the country as a rule?—Oh, no, sir; one of those I have now, a very good sort of woman, was trained at Kensington, as I have already said, for one year, but she cannot take a temperature; I speak from what the medical officer has told me; he has said sometimes to my wife, "I wish you would go and take a temperature for me"; the nurse never objects, but always defers to the matron.

2269. Amongst the neighbourhoods round about Cranbrook are there any people whose daughters go into the nursing profession?—I never heard of any save one.

2270. It has been represented to us that there would be a better supply if the rural people could only be trained to be nurses. You do not know anybody who has adopted that profession?—We have a farmer near us whose daughter was at Tonbridge Workhouse, but that is not a school where there is a resident medical man.

2271. Did she keep to workhouse nursing?—I believe she is there now training. I am of opinion that matrons in rural workhouses who are not trained nurses should be entitled to be examined at a Poor Law centre for that purpose, or in the presence of a responsible examiner (if they so wish) for qualifying certificates, in a similar way as acting elementary teachers are examined in normal training schools. My reason is that country matrons, if qualified, should also act as superintendent nurse, and be responsible for the care of the sick under the medical officer, because she must often act as nurse *pro tempore* when the nurse is sick or on leave of absence. This would help to get over the rural difficulty.

Mr. FULCHER, called in ; and Examined.

Mr. Fulcher.

2272. (*Mr. Knollys.*) Mr. Fulcher, I believe you are master of the Ateham Workhouse, are you not?—Yes, sir.

2273. How long have you been master?—Six and a-half years, sir.

2274. How many inmates are there?—They vary from three hundred and eighty to four hundred and thirty in winter.

2275. How many inmates are there in the sick wards?—The hospital numbers to-day about eighty-nine or ninety.

2276. How many nurses have you there?—One superintendent nurse and four other nurses.

2277. How many acute sick have you?—About twenty-five, or, perhaps, not as many often. Many of these cases are infirm cases—almost all of them—there are not many acute cases.

2278. With regard to the question whether it is desirable that provision should be made for defining more strictly the respective duties of masters and matrons of workhouses and of superintendent nurses, have you given that matter your consideration?—Well, sir, I have been probably the most unfortunate master in the country with regard to the relationship and the number of superintendent nurses we have had during the last three years. Our house is situated five miles in the country; we have had the greatest difficulty in getting superintendent nurses to stay.

2279. To what cause do you attribute that?—Well, sir, I can give you the list.

2280. I would rather that you would kindly speak generally?—The first nurse was pensioned, and two out of the seven of them, at any rate, were utterly incompetent to manage. That is the great difficulty that we have found with regard to the whole matter; that while some of the nurses may be excellent nurses and may nurse splendidly, and can manage when they have only a patient or two, such as private nursing, when it comes to general management of the hospital, that is where we have trouble, and it is with the greatest difficulty we have managed to get efficiency.

2281. Do you mean that it has been a matter of bad administration?—Yes, sir.

2282. Not of their having been incompetent nurses?—No, the majority were competent.

2283. But bad administration?—Yes; our relation with the general number of nurses has been excellent, and with all other officers. Three of my officers have come back to me from other workhouses; my other officers have stayed with me for years. I have had officers there now six, seven, four, and five years, and our present superintendent nurse, with whom we have had a great deal of trouble, has been with us nine months. At present matters between us are very much better than they were, but it is only because we have had to draw up a set of rules that I am almost ashamed

to have drawn up in such detail in order to show the superintendent nurse what her duties were with regard to the master and matron.

2284. Has that trouble arisen from friction between the matron and the superintendent nurse?—Well, sir, what is friction—that is the point; when the matron goes round the infirmary in the nicest way in which she can possibly go round (she is herself a hospital-trained nurse with a large private experience), what is she to do if in the exercise of her duties she finds some bad mismanagement, and in as pleasant a way as she knows how to do it, speaks to the superintendent nurse about it, and then she is distinctly told by the superintendent nurse that it is nothing at all to do with her; how is such bad management to be altered if the matron is not to speak about it? It places the master and matron in a very uncomfortable position indeed, especially if such bad management causes suffering to the patients. Masters and matrons stay very much longer in country workhouses than the superintendent nurse, and they feel that they have the care of *all* the inmates, not only of the workhouse proper, but the infirmary and the children (if they have them there), and they have been encouraged by the latest legislation of the Local Government Board to be always going onward with regard to the treatment and the comfort of both aged and infirm, the children, and the sick; it becomes, then, a very difficult matter if you want to be keeping in accord with what the Local Government Board have desired by their recent Orders, to be thwarted in every possible way by the superintendent nurse making rules of her own which interfere with the carrying out of those wishes of the Local Government Board.

2285. Has the medical officer found fault with the superintendent nurse?—Well, sir, in two cases—yes. In these two cases they were utterly incompetent nurses; it was found necessary to ask them to resign; they were also utterly incompetent in general management.

2286. Has the reason been that the superintendent nurse, when fault has been found with her by the matron, considered that if fault was found with her by anybody, it ought to have been by the medical officer and not by the matron?—Yes, sir, I should say so; in one particular case I should say that the superintendent nurse did think that. Still, they all think that they are not in any way, even for the administrative portion of the establishment, under the master and matron; and the matron feels this keenly because in pointing out a case of mal-administration, however serious, the nurse has said it was nothing to do with the matron; it was a question of nursing.

2287. Were they questions as regards nursing, not administration? Were they questions in which the superintendent nurse thought they came under her, and that she should appeal to the doctor, and if any fault was to be found it should be found by him, not by the matron. Our Order says that as regards nursing and the treatment of the sick she shall be subject to the directions of the medical officer of the workhouse, and in all other matters to the directions of the master and matron; that is what I want to know?—I am sorry to say that all the superintendent nurses have the idea that they are not under the master and matron, but it is a most difficult matter in small workhouses where the hospital is not distinctly separate to draw such a line. That Order is all right; it is a splendid Order if it is only intelligently interpreted; but the difficulty is to get a superintendent nurse to so interpret that Order, they are so touchy on all points. For instance, the dirtiness of a ward! Now, suppose I go through a ward, and I find one or two wards dirty, is it or is it not the duty of a master or matron to call the superintendent's attention to the question of that ward being dirty? When the superintendent nurses come to us we generally receive them as nicely as we possibly know how, and tell them that we shall do everything in our power to make them comfortable; we tell them that a part of our duty is to see to the administration generally of the place, and we ask them, "If we see anything would you rather that we spoke to the wardsmen or wards-woman, or would you prefer us to speak to you in a friendly way?" and they say, "No, it will help our authority if you will come to us rather than to the wardspeople" (or *vice versa*, as some have preferred us

to speak to the wardsmen), but I have been grossly insulted in doing both. *Mr. Fulcher.*

2288. With regard to the under-nurses, do they apply to you for leave or to the superintendent nurse?—Oh, to the superintendent; we never interfere in the least with the management of the hospital, except as to late leave, which is very little asked for.

2289. With regard to the question of clothing and bedding; does the superintendent nurse requisition for those things?—Yes, sir, it is worked on a proper system.

2290. Does she requisition the matron?—Yes.

2291. Has she ever requisitioned for bedding which has not been supplied?—No, sir; the matron, as a trained nurse, has had an enormous stock for years, so that there should not be the slightest question of not having enough. The only difficulty on her part is to keep these together.

2292. So that the superintendent nurse has always had everything she applied for?—Everything, sir. The difficulty is that when things are missing the matron has to speak about them. Then what is called friction or unpleasantness takes place. The matron will mark, perhaps, 140 things for the infirmary, and in a few months she will not be able to find three dozen of them. Then the friction commences, if you can call it friction. We do not want to have friction. I have spent half my life in the Poor Law; my father was considered a pioneer in the Poor Law 40 years ago; he was the first man who built vagrant cells, and I hope I have followed in his footsteps.

2293. Have you had a large number of superintendent nurses?—Eight, sir, in between two and three years.

2294. Has friction arisen with them all?—Best of relations with five; friction with three. One superintendent nurse we were utterly unable to get on with in any circumstances whatever; she grossly insulted everybody; it was not a question of master and matron; it was the porter and portress and every officer in the workhouse.

2295. Were they contented with their quarters?—Yes, sir, yes. I have managed to get the Board to increase the number of nurses by two since I have been there, and the question of a nurses' home is now being considered.

2296. And were they contented with their food?—Oh, yes, it is excellent; we study them in every way that we possibly can. It is a difficult matter sometimes; we give them all the changes possible; I ask them what they would like, and they are studied in every way.

2297. Do the Guardians fix the rations? How do you arrange that?—No, sir, it is not a fixed dietary; they can have as much as they like, beer instead of milk or milk instead of beer, poultry, fish, game, potted foods—anything they like.

2298. Subject only to the control of the Auditor?—Subject only to the control of the Auditor. Everything they want, even bovril. It is only a question of asking for it. But I would like to say that in the one case (Q. 2294) the superintendent nurse who was with us three months, the whole of the nursing staff resigned. Unfortunately, she heard about it, and her resignation got to the Board of Guardians at nine o'clock, whilst those of the staff did not get there until one hour afterwards. The consequence was that the Committee which was appointed to go into the matter were powerless to act. They would not grant her a testimonial because of her conduct, but since that time it is within my knowledge that, ignoring her services at Ateham, she has become appointed as superintendent nurse at another workhouse, and her appointment has been sanctioned. It is very hard upon masters and matrons who strive to do their level best for the poor, and who are trying to raise the management and treatment of the poor above the monotonous life that it was years ago. It is hard that a nurse who has been a thorough fire-brand in the place should get into another situation, and do, perhaps, something of the same kind there.

2299. (*Dr. Downes.*) You spoke of the Guardians having made regulations defining the duties of the superintendent nurse?—Yes, sir. A Committee of the Board of Guardians drew up the rules with the medical officer and master and matron present to advise.

Mr. Fulcher. 2300. When did they do so?—Six weeks or two months ago, simply because they thought it was the superintendent nurse who defied all the regulations, and they were obliged to revise the whole thing.

2301. Have you a copy of them?—Yes, sir.

2302. Had you any regulations previously?—Yes, we had rules, but they were drawn up when the number of nurses was less. Those are the new rules.

2303. (*Chairman.*) Will you please hand those in, Mr. Fulcher, and we will put them on the minutes?—Yes, sir.

2304. (*Dr. Downes.*) These have only just come into operation?—Only just, sir; a few weeks ago. I may say that so persistent was the nurse that my speaking, or even the Chairman's, was of no avail at all; she held out practically that not being able to be suspended by the Guardians brought her scarcely under the rule of the Board of Guardians; she was asked in the first place to be a little more careful with the linen, and she was also asked to let the master and matron know when she went out, simply that we should know, because of an arrangement made with the matron with regard to the lying-in cases, and it was distinctly said and understood that the superintendent nurse should not be out at the same time as the charge nurse, because these were the only two people qualified to take a midwifery case; yet she persistently defied that order and upon occasion went away with the charge nurse at the same time as the matron was obliged to go into the town on business, leaving the place without any qualified or experienced person at all.

2305. (*Chairman.*) You are not speaking of the present superintendent nurse, are you?—Yes, but she obeys these instructions now.

2306. (*Dr. Downes.*) Has there been improvement since the Guardians framed these regulations?—Yes; but to show you how difficult it is for us in trying to keep the place straight and right, and within the rules and regulations drawn up for us, I cite this instance: We have had diphtheria, and there is an isolation hospital, and it has always been the rule that these cases shall be kept quite separate. We have always got nurses from the outside, from the Nurses' Institute, for which we paid, in order that no diphtheritic infection should be carried to the general hospital, and our nurses are forbidden to go near the infectious wards; yet even when she had lying-in cases on she persisted in going over to the wards where the diphtheria was. This was reported to the medical officer, but the superintendent nurse persisted in visiting the diphtheria ward, not to see the case, but to talk to the nurse.

2307. Who does the stock-taking of the linen of the Infirmary?—The matron, sir.

2308. How often is that done?—It has been done recently, and is now to be done regularly; but it has not been done regularly hitherto.

2309. Is that laid down in the regulations?—No, I do not think it is laid down that the stock should be taken so often.

2310. (*Dr. Fuller.*) Have you a copy of the rules that the superintendent nurse had to regard previously?—No.

2311. Were there any rules?—A great many of them are there (in that copy I have handed in), only revised and made to fit in with the altered state of things, and many rules added in print that previously were mutually arranged between master and matron and the head nurses verbally.

2312. Am I right in inferring that with one exception the friction has generally been caused by the matron speaking to the superintendent nurse on matters that the superintendent nurse deemed medical matters, in relation to the nursing, and not administrative matters? I mean generally speaking, not in one particular case. One superintendent nurse you told us resigned?—Yes, sir. The next left on excellent terms with us; there was never any question; the next was utterly incompetent.

2313. Did the friction arise with these other nurses because the nurse regarded these matters as being matters which the medical officer should speak to her about rather than the matron: that is to say, nursing questions as distinct from administrative questions?—Well, no, sir, that is not quite so, if I understand your

question aright; that is not the point with the majority of the nurses. The majority of the nurses have left always on the very best of terms with the matron and myself, and there has not been a question; on the contrary, many of them have come to treat the matron as a nurse with more experience than themselves. It is on the administrative questions that a great deal of the friction has arisen.

2314. Could you, speaking generally, give us any reason for the friction on the administrative questions?—Yes, sir; it happens in so many small matters that it is almost difficult to speak without bringing in small things, or things which will probably look small. The giving out of the food, for instance, that is one of the small things. Diets are constantly asked for, more than are needed. Twenty pints of tea extra are wanted now. You ask, "How is it you want so much more? Who gave out the tea? Because 20 pints is a great deal with only 70 or 80 people in the place perhaps." Well, there is no straightforward answer; the nurse says, "I cannot be everywhere." "But are you sure there is not a lot left in the wards? How is it supplied?" "The wardswomen bring down their tins." "And do not the wardswomen help themselves when the nurse is not present?" "I daresay they do." "Is not that the reason why so much tea is wasted in the wards?" I have run to earth several cases where a great bartering was going on with tea.

2315. That is a cause of friction, then. Can you give us another instance without going into details?—Yes, sir; stores lying about; soap, etc., left lying about in the kitchen perhaps for days, so that the wardswomen can help themselves; the diets are not given out properly, and when she is spoken to about it there is friction about it. For instance, I found in one ward that they were drawing ten more cheese diets than were necessary for the day. I went round the wards and found that these diets were all wrong, and that these men and women were drawing all that for themselves.

2316. Is there no system of requisition sheets for articles required in the infirmary?—Yes, sir, there is a system; yes, sir.

2317. Have you diet requisition sheets?—Yes.

2318. Sent by the superintendent nurse to the master?—No, sir; we make it out ourselves; it is not sent to the superintendent nurse; it is a very big business, very; it has to be done in the master's office. See Rule 9, page 9.

2319. Have you any suggestion to make as to the reason why it should not be done by the superintendent nurse, as is done in other workhouse infirmaries; the superintendent nurse requisitions on the previous evening to the master on the diet sheets provided for that purpose the diets she requires the next day?—I see no reason why it should not be done if the nurse is capable of doing it; but it is a difficult matter where diets are numerous and continually changed.

2320. You mentioned that the chief trouble with you was that the superintendent nurse did not know how to administer in the sick wards?—Yes, it is not in the nursing; it is in the general administration; rules are broken which really ought to be kept, and then when spoken to about it the superintendent nurse has replied that "it was not in the rules." Therefore, it is only by getting detailed rules drawn up that we can get them kept at all. This was never necessary before the advent of superintendent nurses.

2321. Is that want of administrative capacity an individual matter in your opinion, or is it universal on the part of nurses?—Some of course are better than others, but it is universally found; yes. They have not administrative abilities, although they may be good nurses.

2322. Is there any lack of probationers in your district?—Oh, no, we have no lack of applicants for probationers; 28 and 30 applicants always when there is a question of a probationer being appointed. They come from the country round, from the town, and from the district generally.

2323. (*Chairman.*) Are they farmers' daughters?—Yes, a very good class of people generally.

2324. (*Mr. Knollys.*) Do you train probationers?—One, sir, only; we cannot give a certificate.

Mrs. AWBERY, called ; and Examined.

2325. (*Chairman.*) Mrs. Awbery, you are the matron of the Southwell Workhouse, are you not ?—I am.

2326. What size house is that ?—It is certified to hold 191, but we have at present 80.

2327. How many of those are in the infirmary ?—We have 29 in the infirmary.

2328. How many nurses have you ?—Only one, sir.

2329. Are you a trained nurse yourself ?—Yes, sir.

2330. How long have you had that one nurse ?—About eighteen months.

2331. How long have you been there as matron ?—I have been there four years.

2332. How many nurses have you had in that time ?—Three ; there was one leaving when I first went there ; she came from the Northern Nursing Association, and was paid £25 ; she was about to leave when I went ; they have to serve in one place for a year. We have very few interesting cases, but a few obstetrical.

2333. You get your nurses from the Northern Nursing Association, do you ?—Yes.

2334. They come to you, then, for one year ?—Yes, and if there is a vacancy in a larger institution the secretary sends them up, and we get another one for a year. It is not very satisfactory, because none of them understand very much about nursing.

2335. What age are they generally ?—The present one is 25.

2336. Is that about the usual age ?—No ; the last *Mrs Awbery.* one was 33 I think.

2337. (*Dr. Downes.*) Do you take any active part in the nursing ?—Yes, I generally take all the obstetrical cases. My nurse prefers me to be there.

2338. Do you take any directions from the doctor yourself ?—Yes, sir.

2339. Do you ever get an outside nurse ?—Yes.

2340. Have you any difficulty in arranging that ?—No, none at all.

2341. (*Chairman.*) Do you wish to make any general remarks on the conditions of your workhouse ?—No.

2342. Do you go round the wards at eight o'clock at night ?—No, I do not think it is necessary.

2343. What leave does the nurse get in your workhouse ?—She has two hours off every day, she has from 6.30 and 4 o'clock and 8. She has every alternate Sunday afternoon, a half day a week, and a fortnight in the summer.

2344. What happens when the single nurse goes out ?—The children's instructor takes her duty ; that is recognised by the Guardians.

2345. Do you have any particular duties to the sick when the nurse is away ?—I never go out when the nurse is out.

Dr. CHAS. KNOTT, called ; and Examined.

2346. (*Chairman.*) You are the medical officer of the Portsea Island Workhouse, are you not ?—I am medical officer of the Parish of Portsmouth Workhouse and Infirmary, Sir.

2347. You have had your attention called to the deficiency in the supply of workhouse nurses, have you not ?—Yes, sir.

2348. To what do you attribute that ?—Well, I think that it is partly because the advantages of nursing as a career for young women are not well known.

2349. Do you mean of nursing in the Poor Law service ?—Yes ; the advantages of nursing in the Poor Law service. I may say that with regard to the last five or six occasions on which we have obtained probationers they have been people I have known in the town, the daughters of middle-class people, and I have advised them to become nurses, and they have been willing to take it up.

2350. Do you think there is a deficiency of education in the class who apply to become probationers ?—Undoubtedly. I have (if I may so use the term) pupil-teachers' work in training them—I have to teach them the meaning of common words and such things as that.

2351. That of course could be got over in these days of evening classes ?—Just so. I think that if children who leave school at thirteen years of age, if they intend to take up the career of nursing, would go to the evening schools they might prepare themselves by technical training such as that given under the Science and Art Department, South Kensington. For example, I took a young lady the other day—the selection of the candidates is in my hands and the hospital matron's—I had one candidate who possessed not only the three certificates of the St. John's Ambulance, but a certificate of physiology after attending the technical classes in Portsmouth, and also a certificate in physiology from South Kensington.

2352. It would be highly desirable to get these well-educated people, but would there be a sufficient supply ?—At the present time we are not feeling the deficiency ; one girl tells another, and so the number is added to. We have a very good class of candidates.

2353. As to their training after they have been taken on as probationers, you would have the subjects prescribed in a universal syllabus, I believe ?—Yes, and I will tell you why. A workhouse medical officer

sent to me for the syllabus we have, and after he had received it he wrote back to say that he could not undertake such a course of instruction, and he would confine himself to half a dozen lectures a year for probationers in each year, first, second, and third. That being the case, unless the examiner was, as I suggest, a man of position belonging to some large hospital, his certificate would not be of very much value.

2354. Who would you say should be the examiners ?—The examiner should be connected with some large training school ; for example, one of the metropolitan or some provincial school of medicine where they train nurses.

2355. Have you heard of the Yorkshire scheme ?—No, I have not heard of it.

2356. Then as to training schools ; what is your view as to the requirement of the Board that there should be a resident medical officer at a place recognised as a training school ?—Well, I think that is a matter of extreme importance ; I have no experience of places without one, but I do think it is decidedly advisable that there should be a resident medical officer if possible, although I have heard of places where the training has been exceedingly good where there is no resident medical officer. Then supposing I were resident medical superintendent a great deal of my time would be devoted necessarily to administrative duties, and therefore if you had a resident medical officer he relieves me on the lecture days of my visiting the patients (unless anything special occurs), and so I am able to devote some time to my lectures.

2357. Then your opinion is that there should be a resident medical officer ?—I think so. I am not very firm about it, because I have not had any experience except in my own school, and that has been successful—has turned out pupils very successfully.

2358. When you say "matron," do you mean by matron the superintendent nurse or the matron of the workhouse ?—The matron of the hospital or superintendent nurse, whatever you call her ; she is not called matron in some places.

2359. What qualifications would you desire for her ?—I think that at present until these workhouse training schools have become more advanced, I think it would be better that she should be obtained from some big metropolitan school or a big school like Liverpool, Birmingham, or Leeds.

Dr. Chas. Knott.

*Dr. Chas.
Knott.*
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2360. You would not consider her qualified unless she had been in one of these big places?—I would not say that, but I should give them the preference, because the discipline of the place is so very important, and they have a better opportunity in a large school of learning how to maintain it. For instance, we have a lady at Portsmouth, and we have to train these girls; she has to teach them the everyday necessities of a nurse's duties, and that there are certain things which a nurse may and may not do. A few days ago there were some bedside demonstrations going on, and one girl on leaving the ward waved her hands to some of the men. The matron had to tell her how unnurselike and improper such conduct was, and that she was forgetting the respect due to her own position.

2361. But how would you propose to obtain these superior superintendent nurses?—By improving their position and their pay, and setting forth the advantages of the Poor Law service.

2362. Then it is only as regards probationers that you say that if the advantages of the position were known as a means of livelihood that more would come?—I think so.

2363. That does not apply to superintendent nurses?—Yes, it does, for this reason. Some of the Guy's nurses have considered the matter, and they did not think the pay was good enough—the pay was not sufficient to attract them.

2364. As superintendent nurses or as charge nurses?—As charge nurses.

2365. As to the number of probationers, how many beds do you think a probationer ought to have charge of?—That is rather important. I thought I would bring you a detailed statement of the number of beds and the number of nurses we have in our large infirmary. I will hand in the paper, Sir.

2366. This paper you hand in shows how many you actually have at Portsmouth—how many probationers to the number of patients. What would you think that the maximum number of beds for a probationer should be?—I should think ten; a probationer ought not to have more than ten. You see in our infirmary there are several flats; a very large proportion of the people in these flats are bedridden; they have to be carried and lifted, and washed, and the labour is very great. Then it is necessary that these girls should have a certain amount of study time; at present our probationers get about four lectures a week for eight months in the year. For example I give them a lecture—I never omit an opportunity of teaching them at the bedside—and now just prior to the examination they get two lectures. Then the matron takes them and the resident medical officer takes the first and second year nurses, and the assistant dispenser takes the second and third year nurses and teaches them the use of common drugs, the poisonous drugs, their doses, and antidotes, and so on, thus supplementing my lectures and examinations. Then in addition to that they are taught the different instruments and their uses are explained.

2367. Of course they cannot also be attending to the patients whilst they are at these lectures?—These lectures take place in the afternoons when the patients are cleaned up for the day. But their absence throws an additional amount of watching and care upon the charge sister.

2368. Then as to the more menial duties, do you consider that there is a scarcity of assistance in workhouses in that way?—We get very little help from the main building, *i.e.*, the workhouse; we utilise as far as possible convalescent patients, but we also have the work up to the middle of the day done by paid scrubbers women, widows with children, possibly on out-relief, we employ them.

2369. Then as regards stores used in the infirmary—for instance, stimulants, beef tea, bovril—how do you propose that the superintendent nurse should get those?—I was dealing with a general infirmary, but now you speak to me about stores for the superintendent nurse, I took it then that was in reference to an infirmary not separated from the workhouse. But in the workhouse infirmary that we have at Portsmouth we have a steward in charge of the stores, and the doctor's requisitions are sent to him and he supplies the nurses;

My remarks there refer to the position of master and matron and lady superintendent, where infirmary is not separated.

2370. Under your conditions you do not have friction, I suppose, between the matron and the master of the workhouse?—No, she is very rarely placed in the position, because as I am medical superintendent, all communications come through me. We do get little annoyances, but nothing very much.

2371. At your infirmary the matron gives leave of absence to the nurses, I assume?—In our place—yes, she gives leave according to time table, and occasional late leave, and she telephones to me every morning her report at half-past nine; and if a girl wishes to be out for a night and see her friends, the matron never grants that leave without consulting me.

2372. It is not granted by the master of the workhouse?—Oh, no. We are a separate institution wherein he has no authority.

2373. (*Mr. Knollys.*) I understand you to say that at Portsmouth you have had no difficulties in obtaining nurses?—Up to the present, no, sir.

2374. Have you had any experience that there has been difficulty in other places?—Not to my own personal knowledge.

2375. Should you think there is difficulty in the large workhouses?—I think there is great difficulty, judging from the advertisements I see put in the workhouse journals.

2376. You think that there is difficulty in the large as well as the small workhouses?—Yes, but more particularly in the small workhouses.

2377. I want you to say distinctly what you consider would be adequate pay for the nurses?—You mean for the charge nurses. I think the probationers are very well paid; they receive £10, £14, and £18 and uniform, and are taught a business.

2378. And you think that is quite sufficient?—Quite sufficient.

2379. Then with regard to the charge nurses?—I think the pay for a charge nurse should be from £30 to £35 a year.

2380. How many beds do you think there should be to a nurse?—I should say one nurse to ten beds, at the very least.

2381. And in nurses you include probationers?—I mean probationers in the training school.

2382. I mean nurses in workhouses?—You see the value of a nurse is enhanced by her training and the time of her training. A young girl who has been with us only three months or six months is little better than a beginner, but with regard to nurses who have finished their training they are much more valuable.

2383. You say one charge nurse and so many probationers, but I want your opinion as to what should be the number taking the staff as a whole?—You mean for instance, if you had to staff a small infirmary where there was no training school; you want to know how many nurses there should be? It depends on the class of cases, but I should think you ought to have at least one nurse to ten or twelve patients, not less than that.

2384. So that if there were 30 patients you ought to have three nurses?—Yes, because there is the night duty to be considered. To give you an illustration of how the thing works: last year we had 1,000 days on which the nurses were off duty out of our staff; one was off for six weeks, one for a fortnight, one for two days, one for three days, and so on—not holidays, but sick days.

2385. (*Chairman.*) You mean that they were absent sick 1,000 days?—Yes, that was out of a staff of 42 nurses.

2386. (*Mr. Knollys.*) What length of leave should nurses have in a year?—I think a month at least.

2387. And what time off?—I have brought our time-tables so that you can see from that; that is our time-table. We give our probationers a fortnight's leave, and they get certain days off. There is another important thing—that is, the feeding of the nurses.

2388. Now with regard to the feeding of nurses, do you draw out a dietary table for the nurses?—A dietary was drawn up some five or six years ago when first we had nurses before we were separated. It was drawn up by the master and the Board; I was consulted, it is true, but they drew up the scheme, and they drew it up particularly from dietaries in other workhouses and infirmaries. Well, now we have a very smart, capable lady as our hospital matron, and these girls, I considered, did not get sufficiently well fed. We went into the matter, and we have improved their dietary very considerably. We have made a very great difference without any increase in the expense, and our probationers are very much more satisfied.

2389. Then in your infirmary the nurses are all dieted by rations?—Yes, and the hospital matron has power to vary those rations; she has permission to send in a requisition weekly to cause a variety in the diet, and that variation is made by the fact that she substitutes the articles in her requisition for those articles which she is allowed from the stores; they are purchased by her, and the bill sent in to the Guardians; that is most important.

2390. Are you of opinion that nurses should be allowed money in lieu of rations?—No, undoubtedly not.

2391. We have heard that at certain workhouses nurses are allowed to order their own rations up to a certain money value, if they order them through the master; and that then these rations are cooked for them and supplied to them. Do you think that is good?—That is practically what we do.

2392. You do it only to a certain amount, two or three shillings, do you not? But supposing a nurse's rations are given in money value, say ten shillings a week, and she is allowed to order the whole of the rations up to ten shillings a week, provided she does it through the master and through the contractor; and then the master gets them cooked for her and supplies them?—I think there would be no objection to that.

2393. Would it not have this effect, that it would keep the cook constantly busy cooking all sorts of dinners?—Yes, there might be that objection.

2394. Do your nurses mess together?—Yes, they all mess together. They have now a very suitable diet; of course, the meat—beef, mutton, and pork—is the same, but the changes which the matron makes are in the accessories.

2395. But would not the system I have been expounding to you only apply where nurses had their dinners in their own rooms; you could not have several different sorts of dinners in the same room?—No, it would not do in a large infirmary. Of course, in a small workhouse infirmary with half-a-dozen nurses, or, perhaps, only two or three, it would be a different matter altogether; probably they would cook it themselves, you know.

2396. Do you think it necessary, in order that probationers may qualify for the post of superintendent nurse, that they should be trained as charge nurses in a training school which has a resident medical officer. You hold with that, I understand; you consider that a training school should have a resident medical officer?—Undoubtedly I do.

2397. Do you think, for instance, if a man gave his whole time, but did not reside, that would be the same thing?—Yes, that would be the same thing.

2398. You hold that they might do that?—I do not think I should advise that an infirmary should be taken as a training school, unless there was some means by which a man could devote more time than he would give as visiting medical officer.

2399. I am anxious to get your opinion as to whether any modification of that requirement should be made. Now, is there any other qualification, supposing he undertook to give a certain curriculum, and to devote a certain number of hours to the work, do you think that qualification should be taken?—I think so. I think that would answer the purpose, perhaps. It is the same thing with regard to me as medical superintendent, but then I devote a large section of my time; I devote all my afternoons to the infirmary. I

am on the telephone, and at half-past nine in the morning the matron telephones from her office to my house. The steward also telephones to me, and the resident medical officer telephones to me if there is anything requiring my attention; then I visit the infirmary if I am required in the morning, but, as a rule, I am there the whole of the afternoon and during the evening when the medical officer goes for a walk; then I am generally in touch with the place, and they telephone to me for anything they want. Practically I am resident; I am always within sound of the telephone.

2400. Is there a resident medical officer at Portsmouth?—Oh, yes; we have a resident medical officer at our infirmary; we have close upon 700 beds. We have a matron, an assistant matron, a night superintendent, and nine charge nurses and a midwife; we have a steward; we have a dispenser, and an assistant dispenser. That is our staff. I am medical superintendent, non-resident; and practically I reside in the place, because I am always within sound of the telephone, and if the junior medical officer is off duty I am always in touch.

2401. Then the junior medical officer is resident?—Yes.

2402. But he is not the head?—No, I am the head; I am responsible.

2403. Do you recommend that the Board should lay down any particular curriculum?—I should feel very inclined to advise the same as we do in our medical degrees—that there should be some standard curriculum, and also a standard of examination.

2404. But that would not be quite the same as a curriculum?—Well, in order to get satisfactory examinations, or rather satisfactory results from them, it would be necessary to lay down some standard curriculum with regard to text-books and the syllabus generally; I think there should be, as far as possible, a universal syllabus, or else how are you going to value them? In other words, how are you to determine the relative value of the examinations and diplomas? My impression is that when once the Poor Law becomes known as a means of livelihood for young women of the middle class and well-educated women, I think there will eventually be no difficulty in getting nurses. The difficulty is in filling small workhouses in the country.

2405. But is there not a difficulty in getting persons from the country to attend training schools? I mean to say that persons trained in local workhouses—that the difficulty is to get them to go away from home to the training schools?—I do not think so; we have one from Bath, one from Dublin, one from Windsor, and one from Aberdeen, her people have come into the town, it is true, but we do not get them from all parts of the country.

2406. Do you get any farmers' daughters?—Yes, we have one or two farmers' daughters, one is the daughter of a major retired from the Royal Artillery, one is the daughter of a retired naval officer, and we have clergymen's daughters and tradesmen's daughters.

2407. (Dr. Downes.) Have you to advertise at all?—No, we have never advertised.

2408. How long has been your experience of the Poor Law at Portsmouth?—Over 30 years.

2409. So that you have seen considerable changes?—Yes.

2410. Have you seen advances in arrangements for nursing?—Undoubtedly there has been a very great advance.

2411. Have you any experience of the Nursing Order before this infirmary was separate from the workhouse?—Before the workhouse was separated we were staffed for a short time by nurses from outside training schools, but they were not women who had had very much experience; several of them were probationers with not more than twelve months' training.

2412. Then you would not be able to give us much information as to the relations of superintendent nurse and master?—No. Of course before we separated we had a superintendent nurse; we had then as many as 500 beds—Portsmouth is a very large place

*Dr. Chas.
Knott.*

2413. But that was prior to the Nursing Order defining the position of superintendent nurse?—Yes, it was.

2414. In obtaining candidates for probationers does the question of pension come up at all, do they ask you anything as to that?—No, but I think I am correct in saying that the Poor Law nurses do not pay superannuation; they do not insure in the Poor Law superannuation.

2415. Do they insure in anything else?—I do not know, but they do not insure in the Poor Law. It is a very great hardship that our servants the home maids, have to pay into it. They get perhaps £14 or £15 a year, and have to pay superannuation, and it is a great hardship. I merely want to interpolate that. These home maids are paying for something which really they will never receive. It is a great hardship to have something taken off so small a salary. The scrubbers do not have to pay superannuation. If the same thing could be extended to the home maids, that they should not pay superannuation unless they wish it, as it would be a great advantage to us in obtaining servants.

2416. How many nurses do you train annually?—We have 32 nurses, that is our staff (of probationers).

2417. How many pass out in a year?—We passed 15 for diplomas last year, two failed.

2418. How many a year would that be approximately?—I could not tell you; I have only four or five third-year girls now, and about the same number of second-year girls; the majority are first-year girls.

2419. Have you any note as to what they pass into?—One is going as a nurse missionary to Zanzibar, two have gone into private nursing, one went down to the north in charge of a small-pox hospital; she wrote to me after she was there and told me how pleased she was that she had been taught dispensing, because there was no resident medical officer, and the senior nurse could not do the dispensing, so this girl had to do the dispensing. Two of our girls have gone to Highgate, and the matron is so satisfied with them that she is ready to take another from us. Miss Swift, the matron of Guy's Hospital, came to see us a short time ago, and she was very pleased with everything; she has taken one of our girls, and she will go on the private nursing staff if she passes; already she has passed two examinations.

2420. You have mentioned two who have gone into the Poor Law service; do you know of any others?—There were three; the girl who went to the small-pox hospital, I think that was Poor Law.

2421. Have any of them gone to small workhouses?—No, I think not.

2422. Have you considered any possibility of the larger infirmaries helping the smaller workhouses in the locality?—You will see what I have said in that statement I have made. It seems to me that the Guardians will have to pay for nursing in these small workhouses because there is no opportunity for training probationers; there is not sufficient variety; therefore the Guardians would have to employ trained nurses there.

2423. Of course in your experience you have had opportunities of contrasting and comparing the training of nurses in general hospitals and the training of probationers in your workhouse infirmary. Do you consider there are certain practical advantages in the Poor Law training of nurses—due to the absence of students for example?—Yes, I do for this reason—nurses in the Poor Law have to do all the dressings; in fact, it is my endeavour to teach them to keep records of cases and to write reports; they can take a much keener interest in their patients because there is a much greater responsibility thrown upon them. Also they get an opportunity of studying the diseases of old people—chronic lung, heart, and kidney troubles; they have a good opportunity of studying these diseases and nursing them.

2424. In the proportion of nurses which you mentioned did you take into account the relief nurses to take the place of those nurses who were sick?—Yes, when I said one in seven or eight I knew that very many have to be taken off at night, and you will find that even with our present staff there is only about one nurse to 16 patients there.

2425. Do you take all the patients into the infirmary or are there some in the workhouse?—A very few are in the workhouse—we do not nurse them—they would be convalescents. Some cases have to be dressed, ulcers, and so on; they send them over to the infirmary to be dressed and we send them back again. I may point out that the master will not keep anybody in the workhouse whose services he cannot utilise; he sends them to the infirmary, so that we often have people in the infirmary who do not necessarily require a great amount of skilled nursing; they just want to be helped in and out of bed and so on.

2426. So that your infirmary cases are an average sample of Poor Law cases?—Just so.

2427. Do you have any operations in your infirmary?—Yes, occasionally.

2428. Major operations?—Yes, we have; we have had amputations of the thigh, amputations of the upper and lower extremities. I had three in one year some little time ago, and they all turned out successfully.

2429. In a modern and properly constructed infirmary, do you see any objection to these operations being performed?—Not the slightest.

2430. Your infirmary is newly built, is it not?—No, only the two detached buildings, in which we have accommodation for 120 out of a total of something like 700 beds. The new infirmary contains 120; the rest are quartered in the old infirmary.

2431. Would you say that structural arrangements have a good deal to do with economy in nursing—whether you can conveniently divide the different classes of patients?—Yes.

2432. Is your infirmary conveniently arranged as to that?—Well, you will see that in one flat you will have four or five wards, and at night there is only one nurse for those four or five wards; that is very hard work for her.

2433. In constructing new infirmaries economy of nursing should be taken into account?—Yes, that is really very important.

2434. You spoke of communication by telephone; have you had any difficulty in regard to confusion of messages given verbally in that way?—You see I get the messages either from the matron or the steward, or the medical officer.

2435. Is there any record in writing of important communications on the telephone?—No; if the matron telephones to me an important message, I should attend to it at once, and drive to the infirmary if it were necessary.

2436. Do you think there should be a record of important messages?—No, I do not think it necessary, so long as a right feeling exists between the various officers there is no occasion for that.

2437. You are probably aware that in many of the older workhouses there are a number of small rooms; would not a larger number of nurses be required in proportion if the patients were distributed in a number of little rooms?—Yes, that is so.

2438. And in constructing a modern Poor Law infirmary you would aim at getting on one floor the best unit for a head nurse with an appropriate staff under her to take charge of?—Yes, that is practically what happened in the new infirmary at Portsmouth.

2439 (*Dr. Fuller.*) The matron of your infirmary is a very highly trained officer, I believe?—The present matron—yes.

2440. Would you advocate that the matrons of all workhouse infirmaries to be recognised as training schools should be of high character?—Undoubtedly; I think that is most important.

2441. Under these circumstances would you be prepared to say that where a medical officer is not necessarily resident, but visits regularly every day and spends a fair amount of time and gives lectures once or twice a week, that that workhouse infirmary might be recognised as a training school for nurses?—I think it is a matter for consideration, because I have had no experience on the subject; but if the medical officer spends a fair amount of time, and in addition to that he carries out the training in accordance with a properly

constructed syllabus, and is backed up by a highly-trained woman who trains her nurses and gives her lectures, I think then it might be recognised, but it should be guarded against by a properly constructed and approved syllabus.

2442. Would you say that the examinations should be uniform in all respects?—Yes, not local.

2443. That is to say, you do not altogether approve of the mere fact that a training school for nurses contains a resident medical officer?—It is a qualification; just so, and only a qualification.

2444. You think that because an infirmary maintains a resident medical officer it does not follow that that infirmary should be recognised as a training school?—I think if it maintains a resident medical officer, and there is a properly recognised syllabus and properly recognised examiners, certainly it should be recognised; but if the duties are only performed in a perfunctory manner and the nurses are not getting proper training, certainly not.

2445. Should you propose that nurses trained where there is no medical officer should have to undergo a period of service, say for one, two, or three years, as charge nurse before being eligible to become superintendent nurses?—Not if they can pass the proper examination. But many of these young women would not be able to obtain the post of superintendent nurse unless they had been as charge nurses.

2446. Do your nurses receive any instruction in administration, apart from nursing?—Oh, yes; they are taught ward duties by the sisters and by the matron; for instance, they are taught ordinary housewife's duties.

2447. Would you consider that the nurses trained in Portsmouth Workhouse Infirmary were good administrators when they leave?—Some of them—from their training, they ought to be. We are improving our training constantly by the fact that we have a better class of charge nurses within the last twelve months, and also a most capable lady at the head of affairs.

2448. As regards a training school, would you propose any limit of beds?—No; you mean 50 or 60, or more; you see, localities vary; my own mind is not made up on that subject, but I should suggest at least 100 beds.

2449. Would an infirmary of that size be able to maintain a resident medical officer?—I think so.

2450. You consider it very important that your nurses should be taught the higher branches of nursing?—Undoubtedly it is essential, because they are often placed in positions of responsibility in country workhouses where the medical officer cannot be got at for a long time.

2451. What is the limit of age at which you take probationers?—Twenty-one is the limit of age.

2452. Do you see any objection to your probationers being trained to do lunacy work?—No; at Portsmouth Infirmary two of my nurses are sent to the female imbecile block to do night duty, so that they become acquainted with work of this kind.

2453. Do you see any objection to your probationers being put on night duty?—That is a matter not fully considered yet. I was considering the subject by reading in one of the medical journals that nurses were appointed for night duty, but at present it is a matter that has not come before us. In the first place, we have not a sufficient staff; but if I had a serious case which required special nursing I should detach a nurse to take charge of it at the male imbecile wards.

2454. Should you suggest a pension scheme for nurses?—I think it would be advantageous.

2455. Do you know anything of the pension scheme in force at Guy's Hospital?—No.

2456. We have had some evidence as regards different grades of nurses; should you suggest that the Local Government Board should recognise more than one grade of nurses?—No.

2457. Article II. of the Nursing Order says that "No person shall be appointed to the office of nurse or assistant nurse?—We do not appoint assistant nurses

now; we are sufficiently well staffed by probationers to do away with assistant nurses.

2458. You have no experience, then, of assistant nurses?—Yes, we had some, and the whole of the assistant nurses attended my lectures and were taught by myself, and they passed out and got their certificates as nurses.

2459. Should you say those assistant nurses were qualified to take the position of nurses in smaller workhouses?—No, not unless they had more training. As a matter of fact, these assistant nurses did not pass their examinations nearly so well as the probationers.

2460. Would there be any hardship to the superintendent nurses in smaller workhouses caused by the working of Article II. of the Order?—You see, with regard to my experience, we now train the whole of our nurses to be competent to take charge nurses' duties, and many of these assistant nurses are young women who have had some training, possibly in fever work and such like, but no systematic training.

2461. I was referring to the time before your infirmary was separated from the workhouse. Did you find it any hardship that your trained superintendent nurse should have a large number of assistant nurses who had had no previous training?—We had to put up with these women; they were doing charge nurses' duties with only one year's training; but we weeded all those out.

2462. (*Dr. Downes.*) Have you a copy of your syllabus with you?—No, sir, I have not.

2463. If we could have it put in, it would be useful, I think?—Certainly I could send one. Roughly speaking, we take the 1st and 2nd St. John's ambulance with Murché's Animal Physiology, and we take Miss Luke's and Miss Oxford's books; that is supplemented by bedside teaching, and by instruction in various matters, such as urine testing and the knowledge of drugs.

2464. Does your curriculum include any administrative work?—All nurses are bound to be taught their ward duties, also the washing of patients, the administration of food, and the cooking of foods, and the value and uses of stimulants; also the making of reports, and so on.

2465. Are they taught the care of linen and stores?—Oh, yes, all of that; all administrative housewife's duties.

2466. There is no general standard of nursing qualification, I think, apart from the Poor Law. Are you aware of any general standard that the various hospitals adopt of curriculum or examination?—Well, the curriculum that we have had and the standard is the same as they teach at Guy's.

2467. But is that the same as they teach elsewhere?—I am not aware of it.

2468. Here you will see three small provincial hospitals, one with an average of 15 occupied beds, another has an average of five occupied beds, and another has an average of three occupied beds, and they all have probationers. Do you think it possible that they can train probationers who are fitted to go out as charge nurses? Do you think it likely?—No, I do not think it is likely.

2469. Do you think if there were any general standard it should apply to other than Poor Law hospitals?—I am only dealing with Poor Law now, and I am not prepared to say anything with regard to general hospitals.

2470. Do you see any reason why the Poor Law should be distinct as regards general training?—If you get a good standard of training and valuable diplomas, the Poor Law will train more candidates, and they will be able to get their living and do well under the Poor Law.

2471. Do you see any special reason why the Poor Law should establish itself as an educational centre?—Yes, because there are enormous facilities for the treatment of chronic illness and for teaching the care of old people; also for learning the care of sick children, much more than you can get in a general hospital.

2472. You are speaking of a field of clinical observation, I think. I am speaking of the examining autho-

Dr. Chas.

*Dr. Chas.
Knott.*

rity?—The opportunity is for the training; if nurses can be trained in workhouse infirmaries there is a very wide field for them afterwards in private nursing and otherwise.

2473. Do you see any objection, assuming that it could be arranged, to the various universities, like the

Yorkshire College at Leeds or the Bristol University or Birmingham, forming the examining bodies?—No, none at all; I should offer no objection.

2474. And that would have the advantage of a recognised educational authority providing the examining body?—I think so.

Dr. ROBINSON, called; and Examined.

*Dr.
Robinson.*

2475. (*Chairman.*) Dr. Robinson, you are Medical Officer of the Sculcoates Workhouse, I believe?—Yes.

2476. You are going to give us some evidence, I understand, on the subject of district nursing by the nurses from the workhouse; is that so?—Yes, sir.

2477. I understand that you have given that up at Sculcoates now?—Yes, sir.

2478. First of all, what was the system? Did you send out nurses from the workhouse to nurse out-door paupers?—Yes.

2479. And what was the reason why you gave that up?—I think it was done entirely on account of expense.

2480. While it lasted I suppose it provided the out-door paupers with very much better nursing than they had ever had before?—Oh yes, I think so; most decidedly.

2481. Do you happen to know whether the nurses liked it?—Yes, they did like it; it was a break; they were always very glad to go on district work.

2482. What was the system; did you put them on for a week?—No, we used to put them on for a month, or five or six weeks, as we had nurses to send; we had to suit it to the staff.

2483. There are other district nurses in Hull supplied by voluntary agencies?—Yes, by subscriptions.

2484. Did you find any jealousy between your system and the new ones?—Not the least; since we stopped one of our nurses has gone to it and is now working for them.

2485. You have no resident medical officer in your infirmary at Sculcoates?—No, sir.

2486. Do you take probationers?—Yes, sir.

2487. Have you any difficulty in getting probationers?—No, sir.

2488. Plenty will come to you?—Plenty; of a kind, of course.

2489. Do you tell them that the training at your infirmary will not qualify them to become superintendent nurses?—I do not think we really tell them that, but there has not been any difficulty in their being appointed superintendent nurses when they leave us.

2490. By special permission?—Yes.

2491. Have you had any leave because they found they could not become superintendent nurses?—No, sir.

2492. Do you give lectures to the probationers yourself?—Yes, sir.

2493. How often a week?—In the winter time once a week; a formal lecture.

2494. Would you suggest any fresh regulations being made by this Board in order to prevent friction arising between the workhouse master and the superintendent nurse?—Yes, I think it is very necessary. What sort of regulations do you mean; would it have reference to granting leave of absence? I think, sir, I sent you some particulars as to what my ideas were as to nurses.

2495. Your opinion is that the staff of the infirmary wards should be under the control of the lady superintendent entirely?—Yes, sir. I put it this way, sir. A nurse wishes to go out, we will say for the evening. She asks permission from the superintendent nurse first, and the superintendent nurse says, "No, I cannot spare you to-night." The nurse then walks past her and goes to the master, and the master says, "No, you must not," in a half-hearted way perhaps. Well, the girl goes out and stops out all night; what are you to do?

2496. Would you allow the medical officer to have any control of that matter?—No, I think the superintendent nurse ought to have the responsibility and

control her staff, and see that her staff behaves itself, and be responsible for the work. I think she ought to be a person who is capable of controlling her own staff.

2497. Is there anything else on that point of avoidance of causes of friction that you wish to say?—The whole system of the authority of the master and matron to interfere with the superintendent nurse so much in reference to her duties, and the fact that she is practically a subordinate officer, leads to things not being done in the infirmary which should be done. It means instead of being able to get a thing it has to be applied for; a thing which should not exist, in my opinion. To put it plainly you have to go past what is nominally the head of the institution to get something which is required. The nurse asks for something; the master does not see it with her eyes; he has not the knowledge to see it; and then it means friction and trouble if she has to get it in another way.

2498. Cannot she call in the assistance of the medical officer to help her?—There are many things in which it is not the duty of the medical officer to have to interfere. He cannot interfere as to the stock of clothing or the way in which things are washed, or how they are sent back after they have been washed, or such matters as that.

2499. But if the superintendent nurse found she could not get a sufficient supply of these things, and mentioned it to the medical officer, would he not feel it his duty to inform the Guardians that she was short of these things?—Yes, sir, but that of course causes the trouble.

2500. But the superintendent nurse can get to the Guardians through the medical officer?—Yes, she can, but I think she ought to be able to go direct to the Guardians.

2501. (*Mr. Knollys.*) I understand you did carry on at Sculcoates a system of district nursing by your district nurses. I suppose even then the workhouse has the first claim upon the services of the nurses? Supposing you have a certain staff of nurses and the number of patients in the workhouse increases so as to require all your staff, would you allow these nurses to go out as district nurses?—When we started district nursing our staff was augmented in order to do the work. Our indoor paupers never suffered because we were doing the district nursing.

2502. How many does your staff consist of?—When we were doing district work, twenty-nine or thirty.

2503. And how many patients does your hospital accommodate?—We had, you might say, 300 patients.

2504-6. And you have always had sufficient nurses to send them out as district nurses?—While we were doing it, yes.

2507. You say it was given up on account of expense; has your nursing staff been reduced?—We have dropped out two probationers to allow for taking in the nurse at district work. The point was that the Jubilee nurses practically said they could do it for so much, for fifty pounds, and the Guardians now subscribe fifty pounds to the Jubilee Nursing Institution and they do the work; but there is no question about it in my mind that they do not give the same attention or the same time to our sick poor that our nurses did. I do not wish to say anything disparaging about them, they do what they can; for instance, we visited all our paralytics twice a day, but they are not able to do this.

2508. And when a nurse is wanted, do the Guardians apply to this Institution?—The Guardians give a subscription to the Institution and the Institution takes our cases along with the other cases that come to them when application is made to them.

2509. The nursing of the sick poor is dependent upon these Jubilee nurses. Do the Guardians make

*Dr.
Robinson.*

application for a nurse? When a case of outdoor sick is brought before the Guardians do they make an order for relief and that includes an order for nursing?—It is very seldom that an order is made for a nurse by our Board. They apply for what is called a district nurse.

2510. But would they feel bound to visit them if your Board asked them?—Oh, certainly, they would go and see them if they were asked to do so.

2511. Could you say how many of your probationers have been appointed superintendent nurses?—Three; one at Weymouth, one at King's Lynn, and one at Sevenoaks.

2512. I understand you would not wish the master to be recognised as head in any way of the infirmary; your infirmary is part of the workhouse, is it not?—Yes, sir.

2513. And you think the superintendent nurse should be entirely independent of the matron; do you think she should be also independent of the master?—Well, I do not think that I would go quite that length; I think it is possible that you require a man at the head of the institution, but I should certainly free her of all control.

2514. I do not quite understand?—I should put her in the same position as I occupy as medical officer. As medical officer there are many matters I have to consult the master upon, but I am not in any way under his control.

2515. Take the matter of the cleaning of the sick wards; would you take that out of the master's hands?—Certainly, I think the medical officer should see that his wards are cleanly kept.

2516. And in the case of a question of discipline arising would you not allow the master to have any control over that?—I do not see that it would be necessary.

2517. (*Dr. Downes.*) With regard to the relations between the superintendent nurse and the master and matron, have your Guardians made any regulations respecting that?—None at all.

2518. (*Dr. Fuller.*) Have you any educational test for the probationers whom you employ?—They are supposed to have passed the Seventh Standard: that is in elementary schools.

2519. Have you any fixed curriculum for training?—Nothing definitely drawn up.

2520. Have you a syllabus of lectures that you are supposed to deliver?—No.

2521. Does the whole system of training the nurses depend on your and the superintendent nurse's personal interest?—Entirely.

2522. Have you heard anything of the Yorkshire scheme?—Yes, I attended some of the meetings; I was deputed by the Board to do so.

2523. Are you in agreement with that scheme?—On some points I am; I do not agree with it entirely.

2524. Could you give us any of your objections to that scheme?—I think that it was the idea more to get a standard of nursing which seems to affect the larger workhouses where they had a resident medical officer rather than help the workhouses where they had not a medical officer. It did not seem to me that they were really trying to get over what seems to be at the present time the difficulty—the staffing of the smaller workhouses.

2525. Was not that the fundamental basis of the whole scheme, to provide nurses for the smaller workhouses?—I think that was the idea, but in drawing up the scheme they missed the main point, I think.

2526. What is your opinion as regards "What regulations, if any, should be made with regard to the qualification and training of probationers?"—There ought to be a standard of qualification fixed, and there should be an age fixed. As to the training, a great deal depends on the class of work you have to train them for.

2527. Would you propose a universal curriculum?—I think it would be a very good thing—a curriculum which could be adopted right through. But of course if you have a universal curriculum you would require a universal examining body.]

2528. Would it not be possible to have local centres for examination?—Yes, as long as the examiners were independent. I do not think it would do for infirmaries to examine their own nurses.

2529–30. Do you propose any alteration in the regulations as to the qualification of superintendent nurse as defined in the Article in the Nursing Order as to the qualifications necessary?—I have not found any difficulty myself; I do not say one way or the other; I do not see any necessity myself.

2531. Will you look at Subsection (3) Article III. of the Order. What is your opinion as to that?—I think it works very well, and personally I think we might miss good nurses.

2532. Supposing that Order was enforced strictly and the dispensary power omitted, how would you propose to deal with your own infirmary?—It would be rather hard lines on our infirmary. I might suggest that personally you might take it as though we had a resident medical officer; I live within twenty yards of the workhouse grounds.

2533. (*Mr. Knollys.*) Do you give your whole time?—No, sir.

2534. (*Dr. Fuller.*) Taking your own case as an example, would you as medical officer of the workhouse, and also as district medical officer for the whole area, be prepared to give your whole time?—I am not district medical officer.

2535. But would you if you were?—It depends entirely upon the salary.

2536. Would you consider your probationers qualified to take the position of superintendent nurse, as regards administration as well as nursing?—It is, perhaps, administration more than anything else that they would lack.

2537. Do they receive any training in administrative work?—Each nurse is supposed to keep her books and to be able to manage her ward.

2538. Who examines your probationers?—An outside man.

2539. Have you any matron acting as examiner?—No, the examination is conducted by an outside medical man, but not always by the same person.

2540. Is your standard of examination well maintained?—I think they get more severe as they go along; I do not think we have ever had a nurse passed yet who was not qualified to hold a certificate. We are young in the work as yet; we have only been training now four years and a half.

2541. Would you propose to grade the nurses in any way? Supposing a nurse fails to pass the examination at the end of three years' training?—Of course the question has not arisen yet, because we have not had one fail, but if the question did arise I should recommend that she be allowed another year to see if she could then qualify; and if she could not at the end of that time I should recommend that we gave her a testimonial, but not a certificate. I think it would be fatal to have grades of nurses.

2542. What would you propose as the limit of beds in a training school?—I think I said at least 200.

2543. Would you consider it necessary that you should have a resident medical officer where you had 200 beds or a medical officer giving his whole time?—In my opinion at the present rate of pay which is given by Guardians to medical officers, they cannot earn their livings outside, working as medical men have to work, and give to large infirmaries what I consider is a fair and proper attendance upon the people under their charge without working harder than a man really is required to work.

Dr. N. Raw, called ; and Examined.

Dr.
N. Raw.

2544. (*Chairman.*) Dr. Raw, you are the Medical Superintendent of the West Derby Union, are you not ?—Yes, sir. It is the union infirmary for Liverpool.

2545. I notice that you express the opinion that the nursing in Poor Law institutions has deteriorated of late years ?—Yes, within the last few years ; of course I do not mean within the last 20 years, it has very much improved ; but in my opinion it is not keeping up to the standard that we expected it would attain 20 years ago.

2546. To what do you attribute that deterioration ?—Well, I think the general unpopularity of the Poor Law service.

2547. And I suppose to some difficulties which they find in their position as nurses ?—Yes, in the larger Poor Law infirmaries their position is very comfortable and quite as good as in a general hospital, but in the workhouses it certainly is not so.

2548. We have had a great deal of evidence on the subject of the uninteresting character of the work, as to the hours of duty and the times off duty and the salaries. Apart from those questions, would you say there were difficulties in the position ?—I think one of the greatest causes of difficulty amongst nurses in workhouses is their ambiguous position in relation to the matron and the master.

2549. On that we have heard the nurses and the masters and matrons already, thank you. You do not think there is any difficulty in the larger infirmaries, do you ?—No, I do not think so.

2550. The fact that they are trained there really provides them with an opportunity of earning a good position in the nursing world, does it not ?—Yes, in the infirmary with which I am connected we have eighty nurses, and in the Walton Workhouse there are 50 nurses. The difficulty we find is that when a nurse has finished her training she is turned out.

2551. She goes out ?—Well, she goes out ; there is no further use for her in the Poor Law service unless she finds a place herself.

2552. Do you find that her certificate enables her to take rank with the people taking certificates in general hospitals ?—Certainly not.

2553. It is not considered of equal value ?—No, I think that is the fundamental difficulty.

2554. Do you find that that preference for the general hospital is actually existent amongst Poor Law authorities themselves ?—Yes, certainly, in the higher appointments it is almost a rule that nurses are appointed (or officers) who have certificates from general hospitals, however small they may be, in preference to the Poor Law certificate.

2555. Do you suggest that it would be a good thing that this Board should make an Order that they must employ people who have been trained in the Poor Law service ?—Yes, I think all the nursing appointments except that of matron ; I think the matron ought to be appointed regardless of any particular training ; but I think all other appointments ought to be given to those nurses who have Poor Law certificates.

2556. Do you mean the matron of the infirmary ?—Yes.

2557. What we call a superintendent nurse ?—Yes.

2558. So that only as regards charge nurses you ought to take them out of the Poor Law ?—Yes, and superintendent nurses in workhouses. I am only referring to matrons of infirmaries which are training schools.

2559. Then you would say that the superintendent nurse in an ordinary workhouse infirmary should be taken from the Poor Law service ? Do you think there would be sufficient applicants with Poor Law certificates ?—I am quite sure there would.

2560. We have had evidence as to nurses in the smaller workhouses, have you any experience of small workhouses ?—No, I am consulting surgeon to the largest workhouse in England.

2561. So that you yourself have not been brought into any personal connection with this trouble between nurses and masters and matrons in the smaller workhouses ?—No.

2562. But, in your opinion, the whole of the friction could be avoided by some alteration in the position of superintendent nurse in a workhouse ?—Yes, I am of opinion that the position of matron as at present described in the workhouse ought to be abolished altogether, and the superintendent nurse ought to act as matron of the workhouse ; she ought to be a trained nurse, and she might have an assistant matron appointed to carry out the purely workhouse duties, but the matron ought to have the control of the whole of the nursing.

2563. You are aware that the matron is often the wife of the master ?—Yes, sir.

2564. What position would the master's wife hold in the house ?—I should not give her one.

2565. She would be there on the premises ?—I believe that is a very great cause of friction at present—that the matron, who is sometimes the wife of the master, has the power of interfering with the superintendent nurse in her ordinary nursing duties. For that reason I should suggest that the matron ought to be abolished altogether.

2566. In what way does she interfere with the nurse in her ordinary nursing duties ?—She has the power, I think, to interfere in the ordinary administration of the sick wards.

2567. Have you in your mind any particular matter in which she might interfere ?—As to the provision of linen or the provision of necessaries for the sick.

2568. You propose, I understand, that there should be a Poor Law nursing service established ?—Yes, a Government service.

2569. So that all nurses would be Government servants ?—Yes.

2570. And the Government would have to find them employment ?—I propose that there should be a Poor Law nursing service, having the status of a Government department on precisely the same footing as the Army Nursing Service.

2571. The Army nurses can be ordered to proceed to any place ?—Yes.

2572. And are the servants of the State paid by the State ?—Yes.

2573. Do you propose that these people should be the servants of the State, and be paid by the State ?—I am not prepared to discuss that, but I think there are sufficient nurses to form a central service, having some fixity of tenure, and some prospect of permanent employment in the Poor Law and some provision for pension at the end.

2574. When they were actually working they would be under the Board of Guardians ?—Yes.

2575. And be paid by them ?—Yes, but no nurse should be removed except with the permission of the Local Government Board.

2576. Then, as to engagement of probationers, you suggest that they should be engaged for three years, but for each year you suggest a different position for them, do you not ?—I suggest that all nurses entering this service should undertake to serve for three years' training—the first year in a training school, the second year in a workhouse, and the third year should be in a training school again to finish. In that way the service would be constantly supplied with a large number of probationer nurses, and the workhouses would have the advantage of second year probationer nurses who would have had one year's training in an infirmary.

2577. And I understand you to say that in her second year the Central Board should determine where she is to go ?—Yes, in that way pretty well all the workhouses would be supplied with a constant stream of probationers.

2578. And, of course, Boards of Guardians would be compelled to employ these nurses and nobody else ?—

I think so—yes—that of course would have to be done by Order.

2579. You do not offer any suggestion as to how this is to be financed?—No, I do not.

2580 (*Mr. Knollys.*) I understand that you propose that all matrons of workhouses should be trained nurses?—Yes.

2581. But that they should leave that part of their duties not relating to the sick to an assistant matron?—Yes; at the present time there is a matron and the superintendent nurse. I propose that the matron should be a trained nurse, and that she should have the control of all the female administration of the workhouse, of course, under the disciplinary power of the master, and that she should have an assistant matron to perform the purely workhouse duties.

2582. But would not those matters take her a great deal away from her nursing?—Those are the duties I want her to delegate.

2583. But she would be responsible—you could not make the assistant matron responsible?—Responsible to the matron.

2584. Therefore she would have to be attending to them herself?—I think she would be quite able to do that.

2585. Don't you think the result would be, in a not very small workhouse, to take the nurse away unduly from her own work?—I should not ask her to do the actual nursing duties—that would be left to probationers and charge nurses—but that she should control them.

2586. But a superintendent nurse takes part in the actual nursing. I understand you to say that supposing a master and matron and superintendent nurse are in office, you do not propose that the superintendent nurse should have the care of the sick only, but that a trained person should be appointed as matron who would have the whole of the nursing and female administrative duties. That includes the care of the stores and control of the kitchen arrangements—you put all this in?—Yes, sir.

2587 (*Dr. Downes.*) Have you any experience of nursing in small workhouses?—No.

2588. So that what you say as to the increasing unpopularity of nursing in smaller workhouses is not from your own experience—is that a conclusion drawn from your general reading?—Yes, and general information from nurses—from a large number of nurses I have spoken to who have had experience in smaller workhouses.

2589. Nurses who have gone from your own school?—No, very few of our nurses go into the Poor Law.

2590. How do you get the experience of these nurses?—I hear it from nurses I have been brought into contact with—I frequently converse with these nurses.

2591. Have you any statistics as to what becomes of your nurses?—Yes, I have rough statistics.—What strikes me more forcibly is this—for instance, last Monday we issued training certificates to six nurses; we had an opportunity to promote two of these nurses, we made them charge nurses; but the other four left—we have no further use for them—being trained nurses we cannot employ them. Most of them I have found would like to remain in the Poor Law service, but there is no position for them open. If you made a Central Nursing Service these nurses would be eligible for appointments as superintendent nurses or matrons in the smaller workhouses—they would be quite competent to undertake the duties.

2592. You would put it on the same footing as the Army Nursing Service?—Very much the same.

2593. Has the Army to deal with Boards of Guardians?—That, of course, is the difficulty. But I suggest that they should form a Central Service, but that Boards of Guardians should have the appointment and control of the nurses.

2594. Supposing the Board of Guardians decline to appoint them—under those circumstances, what would be your remedy?—An Order of the Local Government Board. From my experience of Guardians, they would not wish to go outside the service. Their only desire

is to get good, competent, well-trained nurses—they have no object in getting any other.

2595. Do you think this would remove all the causes of friction?—I do not think there is any friction from that source—as to the appointment of nurses.

2546. The friction, I understand, arises after they are appointed?—Yes, because of their conditions.

2597. How would you compel Guardians to make the conditions favourable?—By only appointing nurses who conformed with the terms of the Nursing Service in the first place; and, second, relieving the invidious position of the superintendent nurse in regard to the matron, who is untrained.

2598. And in places where the structural arrangements are bad?—I think that might be a grievance in some cases, but I do not think it is at all a great grievance.

2599. Have you any knowledge of the views of Guardians as to this proposal?—No, but I have the experience of Guardians with regard to nurses, and I am quite sure that their one wish is to get the very best nurses they can.

2600. Have you any experience of the Scotch Poor Law nursing system?—Not very much. I was superintendent of a Scotch Royal Infirmary for some time, and I saw something of the working of the Poor Law there, but I have not very minute experience.

2601. I understood you to say, Dr. Raw, that the Poor Law certificate for nurses was not of equal value to the general hospital certificate?—No, that is not my opinion; what I meant to say was that the Poor Law nurse's certificate was not considered by the outside public to be of equal value with the general hospital certificate. On the contrary, I think that the Poor Law certificate is as good for Poor Law purposes as a certificate from a general hospital, and my experience is that the work done by nurses holding a Poor Law certificate is quite as good as that done by nurses from any other training school.

2602. But whatever your view as to these certificates may be, the fact remains that your nurses go away to other spheres of work?—They do, but by compulsion; they would not do so if the Poor Law was open to them.

2603. Have you any special ground for saying that?—Yes, we train a very large number of nurses at Mill Road; as many as thirty in a year, and the greater proportion of them express a desire to remain in the Poor Law service. But we have only twenty charge nurses, so we have only one or two vacancies in a year. The other nurses have to go because there is nothing open to them. At least there are plenty of places open, but the conditions are not such that they will accept them. For instance, the appointments that are open to them are those of superintendent nurses in smaller workhouses, but they will not take those.

2604. (*Dr. Fuller.*) Have you any proposal to make as regards our first reference?—I have considered this very carefully indeed, and that is the suggestion that I make, that if a Local Government Board service for nurses was established, this difficulty would, in my opinion, disappear.

2605. A great many difficulties would have to be thought out?—The scheme I suggest is that the Local Government Board should establish a nursing service and that nurses should engage to serve in the service for three years' training, that the training schools should only be those infirmaries having over four hundred beds; that the first year should be spent in the training school, the second in the workhouse, and the third in the training school.

2606. The question is whether the Guardians would accept the nurses that we sent round?—In my opinion they certainly would be only too glad; the Guardians are only too pleased to get good nurses.

2607. (*Chairman.*) What about some woman of difficult temper whom the Guardians quarrel with. Are the Central Board to go on paying her, although she cannot find a Board of Guardians who will employ her?—If she was reported to be not a good nurse, I think they would dismiss her.

2608. Is service to go on indefinitely or for a certain

*Dr.
N. Raw.*

number of years?—I think the Central Board should fix an age, say fifty, at which the nurses should retire.

2609. So that between twenty-one and fifty we should have these women on our hands?—Yes.

2610. (*Dr. Fuller.*) Have you considered whether that might not best be done by a registration scheme?—I do not think that would meet the wants of the case; I do not think it would improve the attractions of the Poor Law service.

2611. You suggest that all matrons of workhouses should be trained nurses; do you mean that to apply to every workhouse in the country?—To every one, large and small.

2612. Do you know how many matrons of workhouses in Lancashire are trained nurses?—I do not know.

2613. There are three who are trained nurses and two others who have had experience in nursing. Lancashire covers a very large population in Poor Law establishments, would it be possible that all matrons of workhouses should be trained nurses?—Yes, I think so.

2614. You think that there is a supply?—Yes, I am quite sure of that; I think the head ought to be the trained nurse, for the discipline of the workhouse.

2615. In your opinion are nurses capable as administrators apart from their training?—I think that the general run of nurses are quite capable of administering a workhouse.

2616. Is there any teaching in administration in the curriculum of the West Derby Infirmary?—Nothing more than they observe during their three years' training.

2617. There is no systematic training in the administration of wards?—Oh, yes; that is always taught to a probationer.

2618. Do you approve of the suggestion that there should be a universal curriculum for the training of nurses?—It would be very difficult to carry out.

2619. Have you studied the Yorkshire scheme?—Not very minutely.

2620. Do you think that is a feasible scheme?—I should not like to say.

2621. Is it possible to apply the principle of that scheme to the rest of the country, do you think?—Yes, I think that should be extended, certainly.

2622. That would be a better scheme than the present system of leaving each training school to formulate its own curriculum and to appoint its own examiners?—I should think possibly it might be, but I do not think the system varies at all as regards the examination and certificate at present, because all training schools have outside examiners.

2623. As regards the qualification for a superintendent nurse, do you propose any alteration or modification of that qualification as laid down in the Nursing Order of 1897?—No, I do not think so.

2624. Do you propose any further limit for an in-

firmary that is to be called a training school for nurses.—There should not be less than 400 beds in that infirmary.

2625. Supposing that infirmary of 400 beds had no resident medical officer, would you still consider that probationers should be trained there?—I do not think that is a matter of any importance so long as there is a visiting physician. I think it is desirable that there should be a resident medical officer, but I should not make that a condition.

2626. If you dispensed with that condition, would not that be departing from the accepted principle of a training school throughout the country?—What I mean is this, that although it is very desirable that there should be a resident medical officer, in case the Guardians would not provide that, I should not let that interfere with the training of nurses.

2627. What should you think should be the limit of beds requiring the appointment of a resident medical officer?—I think there should be a resident medical officer for any infirmary of 200 beds.

2628. Under those conditions you would not be prepared to suggest that that school should be recognised as a training school for nurses?—I think there is not sufficient scope in a Poor Law infirmary to train nurses in all departments if there are less than 400 beds; she must have surgery, and she must have medicine, and she would not get them with less than that.

2629. Are we to infer that you consider that training in higher branches of nursing is essential for Poor Law nurses?—Certainly, she ought to have the very best training she can get.

2629.* Should you think that an institution where the medical officer gives his whole time to the infirmary, other things being equal, would that infirmary be suitable as a training school for nurses? Supposing they had 300 beds, could they train probationers?—You say 300 beds; I should prefer 400. I put 400 as my minimum, because 400 in a Poor Law infirmary would probably represent 100 in a general hospital. A very large number of the cases are chronic cases, which a nurse cannot get very much experience out of.

2630. You spoke of nurses having a fixed tenure in their office; do you consider that all nurses should have that fixity of tenure?—I think it would very much improve the nursing service if they had fixity of tenure.

2631. Suppose you had a great deal of trouble with a particular nurse in a workhouse, how would you propose to get rid of her if you gave her fixity of tenure?—I think the department ought to have the authority to get rid of her if she is not suitable.

2632. Have you anything to say as regards female nurses being called upon to look after imbeciles as part of their work?—I think a nurse ought not to have to look after male imbeciles or male lunatics, but I see no reason why she should not look after females.

2633. Do you think all nurses should have some training in the care of lunatics?—Yes, most decidedly.

Dr. Buckell.

Dr. BUCKELL, called; and Examined.

2634. (*Mr. Knollys*) Dr. Buckell, you are, I think, Medical Officer of the Chichester Workhouse?—Yes.

2635. Is there any particular point upon which you wish to give evidence?—One of the chief points I wish to bring under your notice is the difficulty we have in getting probationers.

2636. Because your Infirmary is too small to have resident medical officer, I suppose?—We are such a small infirmary that our nurses, when they are trained, are not eligible to take higher posts.

2637. You have not a training school for nurse?—No.

2638. Do you propose any remedy for that?—I think if our nurses spent the last year of their training, or possibly an extra year in a larger infirmary or in a general hospital, it would help to get over the difficulty.

2639. Therefore you propose that they should have two years in your workhouse, and only one year in a proper training school for nurses?—Yes.

2640. How would they get training during the first two years?—In the same way as now—in general nursing by the superintendent, and in lectures given by myself. You see our practical work is very limited.

2641. What is your number of inmates?—We have about 100 altogether.

2642. How many, as a rule, in the infirmary?—About half those are in the infirmary. We are a small hospital and a small house, and we have no way of separating old people from the real infirmary cases. We have no separate actual sick infirmary.

2643. You have a superintendent nurse?—Yes.

2644. You are a part of the workhouse?—Yes.

2645. Have you any suggestion to make to avoid friction between the superintendent nurse and the matron?—That is rather a difficult question; if the duties of the superintendent nurse were strictly confined to matters medical and surgical it would help a long

way ; and if the matron's duties were strictly confined to the domestic part of the question.

2646. Would you put the sick wards under the nurse's control subject only to the master ?—Yes ; of course there must be a head.

2647. (*Dr. Downes.*) Are your sick wards under the same roof as the workhouses ?—Yes, they are actually mixed up together. Our sick people are sitting and sleeping in the same wards as the other inmates.

2648. So that it might be necessary for the matron to pass through the sick wards to get to a ward that was not a sick ward ?—Yes.

2649. You think that the structural difficulty would be a very great one ?—Yes, it is a very great one.

2650. And if the structure were such that the infirmary was a separate infirmary, you think the difficulty would be less ?—I think it would be a very great deal less.

2651. Have your Guardians framed any regulations as to leave of nurses and the position of the superintendent nurse ; as to annual leave or monthly leave, or weekly leave, or daily leave ?—I cannot say if they have.

2652. No regulations at all ?—Not with regard to that, as far as I know.

2653. Do your nurses undertake any duties outside the workhouse ?—Yes, we do district nursing outside the workhouse ; if I come across a case that wants looking after I send in word or she (superintendent nurse) even goes herself.

2654. Are you district medical officer also ?—Yes.

2655. How are their duties divided ?—The superintendent nurse does the whole of it. I think we were the first union who were allowed to send out district nurses.

2656. And what is your general opinion of it ?—It has done an immense amount of good.

2657. Are there any difficulties ?—Only in so far as our supply has been short ; we could have done with a great many more.

2658. Are there any difficulties with regard to discipline in the workhouse ?—No.

2659. Have you any other nurses in Chichester—any charitable nurses ?—No, there are district nurses managed by a committee of ladies, and they send these nurses to their pet cases ; if we could send out more nurses we could do a great deal to help the people who are able to pay something for a nurse, but who are absolutely unable to pay a guinea or a half a guinea a week. I often come across a case, say, an old man of seventy years of age, helpless and bedridden, with only his wife to look after him ; it is impossible for one person to properly look after a case like that, and they are not of a class to come into the workhouse. I want to know whether you could possibly extend the district nursing to them.

2660. (*Mr. Knollys.*) You propose that Guardians should make orders for your nurses to attend to non-pauper cases ?—Yes, for a small sum—not absolutely free of charge.

2661. But they do not come under the cognisance of the Guardians in any way ?—I am asking whether these cases could not be included.

2662. It would involve a total change of the law so far as I can see. The Poor Law has nothing to do with non-pauper cases ?—I am particularly anxious to get some help for the poor people in that direction.

2663. I do not think it is any good to enter into a question of nursing non-paupers ?—Very well, sir.

2664. (*Dr. Downes.*) As to the qualification of the superintendent nurse ; I think you have something to say on that point. Do you suggest that there should be any alteration in the present regulation ?—I think the present regulation says nothing about midwifery ; you see in a small place where you take in-lying cases the superintendent nurse has not the qualification required.

2665. You think that is imperative ?—Yes ; the ordinary training does not include any midwifery training whatever.

2666. (*Dr. Fuller.*) Dr. Buckell, I believe you are the only District Medical Officer for Chichester ?—I am.

2667. And therefore it is possible that your scheme is a feasible one for nursing out-relief cases, where there is only one district medical officer. But do you think that your scheme would work satisfactorily if there were four or five district medical officers ?—I think if there were sufficient nurses to send out it would ; she would be simply under the medical officer attending that case for the time being.

2668. Do you think such a suggestion carried out would be any inducement to nurses to stay in their posts longer than they do ?—Not unless you did away their disability to qualify themselves for higher posts, that is the great bar we have found.

2669. But I am referring to the question of keeping ordinary nurses in the Poor Law service longer—that is to say, would such a scheme be any inducement to the ordinary nurse to remain in the Poor Law service ?—I should think that it would.

2670. From your experience should you think that in small workhouses where there are 40 or 50 patients at the outside and the staff now is one or two nurses, would that scheme be possible if the staff was raised to four, and the district nursing undertaken by the nursing staff ?—Yes, I think it would be a step in the right direction to raise it.

2671. What staff would you propose in small workhouses where only chronic and infirm patients have to be attended to ; what number of patients to each nurse ?—I should think a nurse ought not to have more than ten patients to look after.

2672. Have you any experience of other workhouses besides Chichester ?—No.

2673. Suppose there are 50 cases in an ordinary small workhouse and a large proportion of them are able to get up every day and are able to feed themselves, what staff of nurses should you think necessary for an institution like that ?—It would depend upon whether you had about an equal proportion of each sex, because males and females have to be placed in different wards ; we have the probationers to look after some of the inmates, and do part of the work which is done by the nurses in an ordinary hospital.

2674. But with regard to your statement that there should be one nurse to every ten inmates ; would that hold good in a small workhouse ?—Yes, I think so.

2675. Where there are 100 beds would you consider that there should be five nurses ?—Four might be enough then ; five would be better. It would depend entirely upon the nature of the cases to be nursed.

2676. I understand that you wish some modification made, so that your nurses may be recognised ?—Yes.

2677. Do you think it would do to make exceptions for such institutions as yours ?—Yes, if you wish us to go on with it.

2678. Your nurses are not content with their training as nurses ?—They cannot get on beyond a certain point—a nurse naturally wants to get to the highest point she can.

2679. In your opinion, as a professional man, do you think that you have enough material at the Chichester Workhouse Infirmary to properly train probationers ?—No, that is the very thing I have been pointing out to you—that we have not.

2680. Have you sufficient material to fit them as ordinary nurses ?—Yes, and to go on into a larger place as nurses and not probationers.

2681. The difficulty is to obtain qualified ordinary nurses as distinct from superintendent nurses ?—We have no experience as to that.

2682. Do you think that your infirmary should be allowed to train probationers for the position of nurse ?—Yes, if they are allowed to go on to a larger one. I look upon our infirmary merely as a kind of grounding, because the material is so small, then from that they could go on to a larger one ; that is in order to qualify for superintendent nurses.

2683. What limit would you propose for an infirmary that should be recognised as a training school for nurses ? In what way—what limit ?

2684. The Nursing Order requires that there shall be a resident medical officer ?—Of course according to this

Dr. Buckell.

Dr. Buckell. we have no standing at all, because we have no resident physician, and we are not a training school for nurses.

2685. You say that your school might be recognised as a training school for nurses if you might train them for two years, and send them to a larger one for the third year. I put it to you—is that a practical scheme? Would that be practical teaching?—It would become practical teaching, I think. I do not suppose any nurse actually takes the position of superintendent nurse after three years training only. I do not imagine that

any Board would take a nurse who had had three years training only.

2686. In such a school as yours, how would you teach the higher branches of nursing?—That is what I want them to go on to the bigger hospitals for.

2687. Have you any experience of the capacity of the ordinary nurse as an administrator?—No, I have not.

2688. Should you think that the ordinary nurse is capable of taking a position involving much capacity in administration?—Only exceptionally so.

Mrs. Hull.

Mrs. HULL, called ; and Examined.

2689. *Mrs. Hull*, you are matron, are you not, of the Stockport Workhouse?—Yes, sir.

2690. Are you a trained nurse yourself?—Yes, I am.

2691. Then have you at Stockport a superintendent nurse?—Not acting in that capacity.

2692. How many nurses are there at Stockport?—We have twenty-five with the home sister.

2693. Does the home sister act as superintendent nurse?—No, I act in the dual capacity of both—both matron and superintendent nurse. We started our own arrangements before the 1897 Order came into force, and of course the question never arose—we simply went on in our own lines.

2694. We have had a witness before us strongly advocating that the superintendent nurse's office and the office of matron should be as it were rolled into one. That apparently is done at Stockport?—Yes.

2695. You are both?—Yes.

2696. Have you an assistant matron under you who assists you in performing the ordinary duties of a matron of a workhouse?—Yes, I have, sir.

2697. She is under you?—Yes.

2698. How many inmates are there at Stockport?—About eight hundred.

2699. How long have you occupied this dual capacity?—For the last nine years.

2700. And you find yourself able to do it?—Yes, quite.

2701. You do not say that there is any Order of this Board under which you are able to combine the two capacities—you are not aware of any Order of this Board enabling you to combine the two capacities, are you?—No, I am not. When we first came to Stockport in 1893, we found a man and his wife acting jointly as trained nurses for the male and female hospitals; they had one assistant upon day duty, and one assistant for night duty, who took the male imbecile wards and the male hospital; and one female assistant on night duty, who took the female hospital and the female imbecile wards. We felt that this was a very insufficient staff for the work, and we commenced increasing our staff by getting nurses; very often there was only Hobson's choice in the matter of experience, but we did get more nurses; and so it went on until 1896; and I think then the Guardians were disgusted with the class of nurse they were getting. I suggested to them that we should train our own probationers, and after consideration it was settled to do that.

2702. Of course you have had no friction between the superintendent nurse and the matron as you act in both capacities?—No, we have not.

2703. Can you tell us something regarding the training of probationers as carried out at the Stockport Workhouse?—Yes; we commenced training probationers in January, 1896. Since that date twenty probationers have completed their three years' training, passed an independent medical examination, and received certificates. Of these, nineteen have left or are now leaving, viz.—ten to private nursing (five of whom have returned to Poor Law work), two to workhouse infirmaries, four to get married, three to district work, qualifying as Queen's nurses. The remaining one is at present sister in charge of our male infirm and convalescent wards. Five of the twenty have obtained the L.O.S. Certificate (three others have been allowed to leave before their three years expired, one through illness, and two to get married). Unfortunately for our nurses, this is a

training school not maintaining a resident medical officer, and therefore they are practically barred from the appointment of superintendent nurse, although we contend that our training is equal to, and in many instances better than the training given in infirmaries maintaining a resident medical officer.

2704. I gather that you say about one-half of your probationers have remained in workhouse service—of those who have not got married?—I scarcely think so. I said five have returned to Poor Law work, two have gone to workhouse infirmaries, and one with us—that is eight—the other twelve having drifted altogether away from Poor Law work.

2705. I suppose you have not a resident medical officer?—No, sir, we have not.

2706. How far off does he reside?—In close proximity, we are in telephonic communication with his house.

2707. Does he give lectures?—He does. I have brought the syllabus, which shows what we have always done, except that we have kept on adding to it, and this is how we propose to continue to work unless we have distinct orders to do differently.

2708. You yourself suggest that something different ought to be done—that there ought to be a universal syllabus?—I do, sir—emphatically.

2709. I should like to ask you a question about the dietary of the nurses?—I think there is great scope for improvement—very great scope for improvement.

2710. What is done in your infirmary?—I take a great interest in the matter myself; I have brought you a copy of the present week's dietary scale, which will show you about what is usual. I take care to give them plenty of variety.

2711. They all mess together, do they—have they a common mess?—Yes, we have a common dining room; of course the day staff have separate meals from the night staff.

2712. You, I conclude, do not have complaints of the food?—No, sir, I have not; but I think I should have if I did not feed them well.

2713. You consider that that is an important point for this Committee to consider—the feeding of nurses?—Yes, I do.

2714. You say it ought to be compulsory for Guardians to appoint a resident medical officer for any hospital containing over 150 beds—do you lay stress on his being resident?—I do, sir, because I think the responsibility is too great. With the number of cases we have admitted to our house it is very essential that there should be; not only because of the midwifery cases brought in constantly at any time, but imbeciles and other cases.

2715. In that case you telephone, I suppose, for the medical officer?—Yes, we do; we have an exceptional medical officer as it happens, who is very attentive to his duties, but it might be otherwise.

2716. How many beds have you at Stockport in the infirmary?—We have 251, sir, for the sick. That includes 40 for infirm women, but not for infirm men; we have 120 beds additional to that for infirm men and convalescent cases.

2717. *Mrs. Hull*, I do not ask you about the establishment of a Nursing Board, or about the rules and standard of leave, or the adoption of standard text books, because we have had evidence already on those points?—Yes, sir.

2718. (*Mr. Knollys.*) You have not a resident medical

officer; therefore at present you cannot train probationers to become superintendent nurses. Are the probationers aware of that when they apply for the appointments?—Yes, sir; I always enclose them a copy of your circular letter to us when I reply to the application.

2719. Have you any difficulty in getting probationers to come to you?—None whatever; we always have plenty of applications.

2720. With regard to the dietary; do I understand that your nurses have a dietary prescribed by the Guardians?—In order to ensure some variation the Guardians allow 1s. 3d. per week per head to enable me to give them little changes.

2721. Otherwise they prescribe the dietary?—Yes.

2722. And there is 1s. 3d. for each nurse; do you allow the nurses to say how that 1s. 3d. shall be spent?—Yes, in the main; they have a choice each week, the night staff; but for the day staff I use my own discretion. The night nurses choose their own little extras.

2723. Do you think it is advisable to have any alteration as to that system. We very often have nurses anxious to have a money payment in lieu of rations; do you think that advisable?—No, sir, I think it would lead to a very great abuse; they would go short of their food.

2724. Do you think they would go short of their food with a view to making profit, and then obtain food otherwise?—I am afraid that is done in some cases.

2725. Should you see any objection to a system by which the Guardians consented to the nurse obtaining food up to a certain rate, if they obtained it through the master or matron, and from the contractors?—Do you mean apart from the workhouse stores, sir?

2726. From the contractor, yes?—I do not think it would work; I think it would lead to abuse.

2727. You think that really the only practical way is for the Guardians to give the rations?—Yes.

2728. But give them part money, up to a certain amount?—Yes, give them plenty of variety, and let it be well served.

2729. (*Dr. Downes.*) Are the sick wards in a separate building at Stockport?—Yes, sir; the male hospital and the female hospital are distinct.

2730. How do you obtain your probationers?—I advertised in the first instance, but for the last two years I have only issued one advertisement. One recommends another, and the number of applicants is kept up in that way.

2731. Where do they come from mostly; do you get them locally?—Locally, and round about; Manchester, of course, is a large centre.

2732. When they pass out from your infirmary, do they go into local work for the most part?—I have told you how they drift; some went into the Poor Law.

2733. But was it local or did they go further afield?—No, only two went further afield; one is now going to London.

2734. Do any of them go to local workhouses?—There are three who have gone to local workhouses.

2735. Do you know how they have got on there?—I think they have got on exceedingly well; one has just been appointed superintendent nurse at Bromsgrove Workhouse.

2736. Have you any head nurse, or anyone immediately in charge of the sick under yourself?—Yes, I have a sister in each block; in the male hospital we have 88 beds. I have a day sister, one staff nurse and four probationers on day duty, and on night duty there are two probationers, one senior and one junior.

2737. But no one nurse in charge under you?—No.

2738. What are the duties of the assistant matron?—Her duties are mostly in the domestic part of the workhouse.

2739. Does she take any part in the nursing?—None whatever.

2740. Have the Guardians laid down any regulations

with regard to your nursing department?—They have, *Mrs. Hul*
I have brought a copy of them.

2741. Were they framed by the Guardians?—My husband and I and the doctor drew them up.

2742. Were they approved by the Guardians?—Yes, sir.

2743. When were they drawn up?—They have been amended twice; they have been amended recently with regard to the leave of absence; we have brought leave, as we think, up to date.

2744. Are they found to work satisfactorily on the whole?—Very.

2745. Is there any amendment in them that you would suggest?—I cannot see anything more now that the leave has been brought up to date.

2746. Do you go round with the medical officer when he attends?—Just occasionally, not daily.

2747. To whom does he give his directions?—To the sister in charge of the ward.

2748. In what way are you brought into communication with him?—I make a point of consulting him whenever it is necessary.

2749. How would he communicate with you?—He would let us know if he wished to see me.

2750. Verbally?—Yes.

2751. Do the nurses make any reports?—Yes, the night sister makes a report every day.

2752. To whom is that report submitted?—It comes to the office; the master sees it and I see it every day, but so far as the sick are concerned, it is left to the medical officer.

2753. Do you make any report to the Guardians?—In the case of probationers I make a report when we have had them on trial for two months; I recommend them or otherwise.

2754. Do you make any report that goes before the medical officer?—No, I do not, I report to him verbally.

2755. When are your visits to the sick wards made; have you any routine visits daily?—I invariably go round every day.

2756. Who examines your probationers when they pass out?—Two principal physicians of the town, Drs. Rayner and Housman, who are honorary physicians to the Stockport Hospital.

2757. What form of certificate is given to them?—I have not a copy with me, but I could send one.

2758. By whom is it signed?—It is signed by Drs. Rayner and Housman, by Dr. Bale, by the Chairman of the Guardians, by the Clerk to the Board, and by myself.

2759. What does it state generally?—Whether they have been diligent in the performance of their duties; what number of marks they have gained in the examination, etc.

2760. Who gives them lectures?—Dr. Bale, weekly.

2761. Is he your medical officer?—Yes, he has taken a great interest in the training.

2762. Does anyone else give lectures?—The sister, on practical work. Mr. Dansey prohibited me from doing that when we first began to give lectures.

2763. (*Dr. Fuller.*) Do you know if it is the intention of the Guardians to appoint a resident medical officer when they have the new building?—I think so; but not in the present house.

2764. Does the medical officer devote his whole time or has he private practice as well?—He has a private practice and a district practice as well, and our cottage homes.

2765. As regards the type of woman applying for the position of probationer in your infirmary, have you noticed that they are improving or otherwise?—I take the best candidate that applies.

2766. We have had evidence before us that the type of woman is going down, is that so with you?—I think it depends on the selection that is made.

B vs. Hull

2767. Should you say that your probationers are improving as regards education?—I do not take them unless they can pass the seventh standard.

2768. Have you any particular standard that you expect them to pass?—I expect them to be able to pass the seventh standard before they come in, and I always ensure that I have good references as to character—generally from a clergyman and two ladies as to social position.

2769. Have any of the probationers trained at Stockport Infirmary taken the position of matron in a small workhouse?—Yes, sir, at Bishop's Castle.

2770. Is there any part of their training which fits them to take such posts?—Yes, sir, I think so. I think it would be found a great advantage to the smaller workhouses, say below 200 inmates, if it were possible, in future appointments of matron—all other qualifications being equal—to give preference to one who had received training as a nurse. I also consider that adequate salaries should be paid, so as to obtain superior candidates, as I believe that, owing to the inadequate salaries in some instances offered, that Guardians do not get the best candidates, hence unqualified people are appointed, and this tends to cause friction.

2771. In your opinion, there is nothing in the type of woman that applies to you as probationer to prevent her filling with efficiency the position of workhouse matron?—I think she has had sufficient training.

2772. Is there any special part of the training in Stockport Infirmary which would fit them to take such administrative positions?—I think they get a wide view of the work.

2773. Are they instructed in ward work—with regard to the administration of the ward, as distinct from nursing?—Yes, I make a very great point of that personally—the care of the linen and keeping the wards clean, etc.

2774. Have you heard any special opinions expressed as to the value of the certificates given by you?—I had a little discussion about it some time ago—the nurses were rather dissatisfied with it, I believe. But I never take a candidate without explaining to them exactly the position we are in.

2775. Have you ever heard of a nurse being passed over simply because she had been trained at Stockport?—Not many have applied for the post of superintendent nurse.

2776. I mean as ordinary nurses?—Oh, no, they are not. I have a letter from Manchester saying that the nurses from Stockport were some of the best nurses they had had on their staff.

2777. To go back to the question of your appointment as matron and superintendent nurse, I think it was understood that it was a temporary appointment until the Guardians have their new building?—Yes, I think it would be impossible for me to do it then; I do not think they could expect it.

2778 (*Chairman*.) You are going to have a quite

new infirmary at Stockport, are you not?—We are hoping so.

2779. Separated from the workhouse altogether?—Entirely.

2780. Were you in the Poor Law service before you went to Stockport?—Yes, sir.

2781. As matron or as nurse?—After my training at Manchester Royal Infirmary the first appointment I had was at Bury Union; I then went into private nursing for a time, but returned to Bury to take an appointment as charge nurse in the female infirmary.

2782. You were not then a matron before you came to Stockport?—Yes, sir, after I left Bury (where I met my husband) we obtained an appointment as matron and superintendent at the Borough Hospital at Brighton, and held same four years; after that we went back to Poor Law work as master and matron at Bishop's Castle; we were there two years, and were then appointed at Stockport.

2783. Had you a nurse at Bishop's Castle as superintendent nurse?—No, it was too small; there was only myself and the general assistant.

2784. There you did the nursing as well?—Yes, and the washing and the baking, and the cooking and everything.

2785. And they have taken one of your nurses to fill the same position?—Yes, and one of our assistants is appointed as master now.

2786. So that you were really more trained as a nurse than as matron of a workhouse?—Yes, that was my first object in life.

2787. At what age do you take your probationers?—Twenty-one, sir. I have in only one instance taken a girl who was in her twentieth year, and the Guardians told me that perhaps it might be objected to, so since then I have not done it.

2788. As to the granting of leave to nurses, if you were not both matron and superintendent nurse, which of those two officers ought to have the granting of leave to the nurses in their charge?—In our present circumstances?

2789. No; assuming that you did not hold both offices, which of the three, the master, or the matron, or the superintendent nurse, ought to give leave to the nurses?—I think the superintendent nurse ought to arrange the leave, because necessarily she must know the cases she has to nurse; I think she must arrange it, but I think the matron ought to sign it; because it may happen that the superintendent nurse shows favouritism, and there may be jealousy and friction on that point. I think the matron should exercise her authority finally, but I think the nurse ought to have the making of the arrangements.

2790. Have you any general remarks to make, Mrs. Hull?—I think you have brought out all the points; I think that friction will still exist unless tact is shown; it depends mainly upon the individuals; and I think it would be just as likely to exist in the separate infirmaries as where the workhouse and the infirmary are together.

Mrs. Moore.

Mrs. MOORE, called; and Examined.

2791 (*Chairman*.) Mrs. Moore, you are the Matron of the Horsham Union Workhouse, are you not?—Yes.

2792. Will you give us some idea of the size of that workhouse?—We average about 150 inmates.

2793. And how many of those are sick? That is to say, how many beds for the sick have you?—92 beds, and 70 are occupied; the infirmary has just been re-classified, the new male infirmary, which was built for the males, we have had to transfer the females on to that side again.

2794. Are the sick wards separated from the rest of the house?—Yes, quite separate.

2795. Have you a superintendent nurse?—Yes, sir.

2796. Has she been there some time?—Sixteen months.

2797. And before that had you one for any length of time?—We have been there two years, and when we went there there were two nurses to do the whole of

the work. We prevailed upon the Guardians to appoint a superintendent nurse and two assistant nurses. Now we have four on the staff, and it is not too many. We have also a servant for the nurses now.

2798. Are you a trained nurse yourself?—Yes, sir, I was trained at University Hospital.

2799. And had you been in the Poor Law service before you went to Horsham?—Yes, sir, I was two years at Westhampnett before I went to Horsham; previous to that I was at South Molton two years and eight months as matron.

2800. And you were trained as a nurse before that?—Yes, sir. At South Molton I was entirely responsible for the nursing.

2801. So that, really, you were matron and nurse as well there?—Yes, at Westhampnett we had a superintendent nurse.

2802. What size workhouse is Westhampnett, how

many beds were there for the sick?—Sixty-four beds for the sick, but not all filled, of course.

2803. Were you there in charge of the nursing?—No, we had a superintendent nurse there and two assistant nurses, one night nurse and a day assistant.

2804. I am asking these questions so as to show that you have had some experience of a superintendent nurse and a matron both working in the same house?—Yes, sir.

2805. You say that it is possible that there would be friction arising out of the issue of clothing and bedding?—Yes, unless the infirmary is entirely separate I think there would be. The matron is responsible for the repairing and keeping up and making of the clothing, and the issue of the clothes, and it is for the matron to say when those clothes are to be condemned or whether it is possible for them to be repaired; and it is also her duty to say when the infirmary linen and clothing should be changed.

2806. You mean renewed, I suppose?—No, I mean the weekly washing; that has to be done at the same time as the housework is done, otherwise it would clash.

2807. You yourself as a trained nurse would be able to express an opinion as to how frequently linen is wanted?—Yes, sir.

2808. Supposing the matron was not a trained nurse?—That would make all the difference; I think it is absolutely necessary in small houses and very desirable in large ones; more especially in small ones, where she is responsible for the nurses. There should be no friction if a nurse is a good nurse, but I have had to deal with a nurse who was not a good nurse at all, and I have had a lot to put up with from her. When a matron goes through the wards day after day, week after week, and month after month, and finds inmates feeding cases who are practically dying, and who in her opinion should be attended to by the nurse herself and other work being done by the inmates which should be done by the nurses I call that culpable neglect, and in this particular instance the nurses were not overworked; there was a night nurse, and they had provided good helpers for the infirmary to do the scrubbing, they had simply the nursing to do. The superintendent nurse took the male side and the assistant nurse the female side. I considered that when they had not the sick to attend to they should have attended to the infirm; I have seen poor old people trying to get out of bed who should have had the nurse to dress them, and I have seen them walking into the other wards with their dresses not fastened up. A trained nurse matron sees these things. I did not speak about that to the nurses because I felt I should be wrong if I did.

2809. I gather, then, that you consider that a trained matron is more likely to have friction with a bad superintendent nurse than an untrained person?—Yes, with a bad nurse, but not with a good nurse. But I think a bad nurse should be dismissed from the service.

2810. I should like to ask your opinion on this point. Do you think that with an assistant matron under you to do as it were the housekeeping part of the work, you could manage a house of the size you are at now and superintend the nursing as well?—I could not do the midwifery, there is that to be done.

2811. But assuming you had a nurse under you who was a trained midwife?—Yes, I could do it then.

2812. As regards the amount of work in both departments, you do not think it impossible?—It would be rather an undertaking in the winter time.

2813. How many sick do you get then?—We have 92 beds, and we have had 80 filled this winter, and they want a lot of attention.

2814. Assuming that you had a proper staff under you, do you think you could do the duties of matron and superintendent nurse?—I do not think one could. I think if you did one you must neglect the other. And the same thing applies to the superintendent nurse; if she does the administrative part of it she would not have time to do the nursing.

2815. I notice that in your *précis* you object to the idea of the superintendent nurse having the matron's duties on the ground that she has not been trained as a matron; will you tell me what you consider the training

of a matron?—A trained matron should know all about washing and getting up linen, and about cooking and scrubbing; also every part of needlework should be understood, cutting out, etc.

2816. That is the sort of training you refer to?—Yes, sir, and it takes a lot of time to go into these matters if you go into them thoroughly: the issue of clothing and the getting up of the same; sometimes, of course, you are hampered by the want of facilities in working; for instance, we have a shockingly bad laundry: in the winter time it is simply fearful to get the washing done, the drying accommodation is so bad.

2817. Have you rules drawn up with regard to the duties of the various officers?—Yes, sir. Our superintendent nurse has been with us sixteen months, and we have not had a vestige of friction—there has not been any since she has been there.

2818. I want to ask you next about the difference between hospital-trained nurses and nurses trained in Poor Law infirmaries; do you think that hospital-trained nurses are not suitable for Poor Law work?—Yes, sir, I do, and I must press that. It is not congenial to them; in hospital work you get acute cases, both surgical and medical; you see the process of healing, and it is very interesting. In Poor Law work you very rarely get these acute cases, most of them are chronic. When I first went to Blean (for a month because the nurse was ill), almost straight from the hospital, I know how very disappointed I was; they were not interesting cases; it was very hard work, but not the work one liked and was accustomed to. I think infirmary-trained nurses are the nurses for Poor Law work. I think if the superintendent nurse and the matron each do their part there should be no friction.

2819. I want to ask you about the alleged dearth of nurses. Do you think there is an actual dearth of nurses?—No, I do not think so. I think the Guardians are to blame generally; they do not give enough salary, the quarters are not comfortable, and the nurses' comfort is not looked after as it should be. Our nurses have a nurses' house to live in, their apartments are very comfortably furnished; they have a servant and they have their food nicely cooked for them, and I think that is half the battle. We have been there two years. One of our nurses has been with us one year and nine months, and the superintendent nurse has been there 16 months and does not think of changing. The additional nurses have been added to the staff some nine months.

2820. Do you agree with the Workhouse Nursing Order of 1897?—Yes, sir.

2821. You consider that that meets the case?—Entirely.

2822. (*Mr. Knollys.*) What do you consider an adequate salary for a superintendent nurse?—A superintendent nurse in a house of our size—I consider she should have £40.

2823. And the other nurses?—The other nurses ought to have £25, rising to £30.

2824. And you consider those salaries sufficient?—I think they should be rising. I think the superintendent nurse should rise to £50, if Guardians wish to retain her services.

2825. And your Guardians give those salaries?—Yes, sir, but not rising.

2826. And you have had no difficulty in getting nurses?—No difficulty at all, sir.

2827. Do the Guardians prescribe a dietary for the nurses?—No, sir; we have no stated dietaries, we have had no complaints that way.

2828. How do you manage?—The master orders what he likes; we all have the same. If there is any difference I give the nurses the best; I consider they should be allowed that.

2829. Do they get any money in lieu of rations?—No, sir; they have rations, but plenty of variety.

2830. (*Dr. Fuller.*) I want to clear up the question. You say that it is not possible for a matron who is a trained nurse also to act as superintendent nurse; you say that she must neglect either the duties of one post or the other?—Yes, sir.

Mrs. Moore.

Mrs. Moore. 2831. Do you take it that the matron's position and the superintendent nurse's position in that capacity is one of supervision only, or must they do actual practical nursing?—In a house of our size I should have to do actual work, both in nursing and matron's duties. May I tell you what my daily routine is: The first thing in the morning is breakfast at seven o'clock—we breakfast at seven; after that there is the issue of stimulants. I measure out the brandies and all extras for the infirmary and see any nurse that wants to see me as to leave or anything of that sort. After that I go to the kitchen, that would be about eight o'clock; I go through the dietaries for the day for the infirmary, the house, and the children. After that I make a visit to the nursery in the house, and see that the infants are properly looked after and all right. Then I go to the stores and give out everything that is required for the day, and give the superintendent nurse what she wants. I have not an assistant matron to help me, and I have to do the whole of the cutting out myself. I do about two hours every day, so as to keep the work down; I find it necessary to devote this much time every day to the cutting out. Then I go to the washhouse, to see that everything is going on well there (I ought to have said that I go there before breakfast to set them to work). Then I go through the wards and see that the inmates making beds, etc., are doing their work properly, and that the wards are properly done. By that time it is 11 o'clock. I then go round the infirmary, which takes me about an hour; there is the male and female side and the nursery. The superintendent nurse confers with me if she has anything she wishes to say. Then I go back and see that the dinners are being properly served in the kitchen.

Mr. Adcock.

Mr. ADcock, called; and Examined.

2836. Mr. Adcock, you come from West Bromwich, I gather; you are master of the workhouse there, are you not?—I am.

2837. You have not had any friction in your workhouse, have you?—Not the slightest.

2838. We should like to hear from you what number of patients you have in your house; what is the average number?—I took out the average for 1901, and it is 700.

2839. Seven hundred sick?—Oh, no, that is the number in the house.

2840. How many of those are sick?—The average number of sick for last year is 182.

2841. How many nurses do you have to attend to these patients?—We have a superintendent nurse, six charge nurses by day, and two charge nurses by night.

2842. Is your wife the matron?—Yes, sir.

2843. Is she a trained nurse?—No, sir.

2844. Have you found any difficulty in keeping up that staff of nurses?—No difficulty.

2845. You have had plenty of applications?—Yes, sir.

2846. Do you train probationers?—Not at present. The Guardians are just about to appoint seven probationers.

2847. So that you have always engaged nurses for your staff?—Yes.

2848. And have got them?—Yes.

2849. Have you a house for the nurses?—No, not exactly a house; they have separate apartments in the infirmary grounds, which embodies the medical officer's surgery and waiting rooms.

2850. They have comfortable quarters, you would say?—Oh, yes, at least we have never had any complaint about their quarters at all.

2851. Would you wish to put forward any suggestion as to the supply of nurses from the experience of West Bromwich?—The infirmary was opened in 1884, and in that time we have had two superintendent nurses. The one who was there first left to be married, and the other one is there now. There have been nine charge nurses in that time (about 18 years), six of whom are with the Guardians now. There has been one death, and three of them have left to get married; the others are still with us. Their night staff has been six in that period. The Guardians gave the first two notice (they were being paid 12s. a week), in order that they might raise the standard of nursing. The second two were

Then to the wards where the women are having their meals. Then comes our own dinner-time. In the afternoon my time is taken up with callers, letter writing, and another visit to the laundry and washhouse. Sometimes I have to see Guardians who come, or lady visitors who call; the time is fully occupied.

2832. (*Chairman.*) No doubt you have a very busy day, Mrs. Moore, but what I should like to ask you is this: That two hours cutting out; don't you think that is a duty which could be done by an assistant matron, if you had one?—I don't know whether she would do it satisfactorily; I did have an assistant matron at one time, but she was very unsatisfactory, and we have dispensed with her services.

2833. What I suggest is that this is work which could be done by somebody of less capacity than a matron?—Yes, it might be done.

2834. With regard to the evening visit of the master and matron to the sick wards, don't you think that evening visit might be done by the superintendent nurse?—Yes, sir, it is done in our place. I only visit the infirmary once a day since we had a superintendent nurse; before the superintendent nurse came I visited morning and evening, but since her appointment I have not done it. I thought it was right to leave that to her. I thought it might be a cause of some friction if I did so. I know she can be trusted.

2835. (*Dr. Fuller.*) In your opinion, had you an assistant matron and a suitable officer acting as charge nurse, you could very well combine the two offices in a union of the size of Horsham?—Yes, sir, I could.

trained; one of them went into private nursing and the other went home. The third two are with us now.

2852. So that practically your nurses have stuck to you?—Yes, remarkably well; they have only left to be married, and the one death I have referred to.

2853. You were going to give us some evidence as to the Nursing Order of 1897, Article IV., with regard to the respective duties of the various officers in a workhouse?—That seems to have been one of the great difficulties in the country at different places, Article IV., but it appears to me there need be very little difficulty; I am in this position, we have not experienced a difficulty.

2854. We have had a great many witnesses who have experienced it, but it is hardly within your personal cognisance?—Oh, no, we have experienced no difficulty. We have always had the greatest harmony in working.

2855. You represent a Union which can carry out its working without friction?—Yes, sir, I have great pleasure in doing so.

2856. (*Dr. Downes.*) To what do you attribute this absence of friction, Mr. Adcock?—Might I have just read what I have jotted down?

2857. I think if you will answer my further questions that will do as well; have the Guardians framed any regulations?—No, sir.

2858. You have got on without regulations?—Yes, sir.

2859. Have you yourself framed any code of rules?—No, sir; the only rules we have are the Local Government Board Orders for the cardinal principle of maintaining discipline in workhouses.

2860. Have you had the same superintendent nurse the whole time?—Yes, sir.

2861. Was she appointed under the Order?—She was appointed before the Order, sir.

2862. Is she a trained nurse?—Yes, sir, she was trained at St. Thomas's Hospital; she was appointed in August, 1896.

2863. You think it is simply an affair of tact on both sides to make this Article work?—I do, sir. In my judgment Article IV. is perfectly satisfactory.

2864. Is there any other reason besides the general exercise of tact that you would assign for the absence of friction in your case?—I think it is the fact that we are in the habit of looking upon the nurses as needing home comforts and good food and having their personal

well-being attended to; this has tended to keep them as we have; we try to make it a home to them.

2865. Is your infirmary separate from the workhouse?—Yes, sir.

2866. (*Dr. Fuller.*) How do you avoid friction as regards the supply of linen?—By giving to the superintendent nurse those articles she asks for.

2867. And you as master supply the articles requisitioned for; and what do you do supposing you think that the articles she requisitions for are extravagant or unnecessary?—Chat the matter over with the superintendent nurse prior to issuing them.

Miss FRY, called; and Examined.

2872. (*Chairman.*) Miss Fry, you are superintendent nurse, are you not, of Bath Workhouse Infirmary?—Yes.

2873. How long have you held that post?—Three years in May.

2874. What number of beds have you?—Two hundred and thirty-four.

2875. And are they usually filled; what is the average number of patients?—The average is from 180 to 200; my maximum number is 210.

2876. How many wards are there, male and female wards, roughly speaking?—There are nine female and ten male wards.

2877. Are they mixed in with the other buildings of the house or are they all by themselves?—All by themselves; the house is divided into three parts, the workhouse, the infirmary, and the asylum, and we are in the middle block.

2878. What staff of nurses have you?—I have 14 nurses under me.

2879. What is the average number of patients to a nurse, a day nurse for instance?—Taking 210 as the number of patients, there would be 21 to a day nurse.

2880. And to a night nurse?—Fifty-two.

2881. You do not consider that sufficient, do you?—Not for the night; decidedly not.

2882. What do you suppose is the reason why the Guardians do not supply more night nurses?—We have not asked for further help at night, but we had no further accommodation. Now, however, they have built a home, so there will be room.

2883. Is the home open yet?—It has been open one month.

2884. Do you train probationers?—We have taken them lately; we were training the probationers for one year and sending them out for district work; but now I am taking them for three years, but, of course, we have no resident medical officer.

2885. Have you a medical officer who gives his whole time?—No.

2886. Do you find any difficulty in getting nurses to keep your staff up?—Yes, I do; that is why I began to take probationers. The great trouble in getting nurses is that when you advertise you get for assistant nurses those who have had experience in fever hospital work, and they really are the failures there.

2887. You find that?—Yes; they are the failures in the infectious hospitals.

2888. You had some difficulty until you took probationers?—Yes.

2889–90. Can you suggest any improvement that could be made in the service so as to induce nurses to come into the Poor Law service?—I do not see how you are to get nurses; Bath gives them so little. The probationers are only getting £5 the first year; £10 the second; £15 the third year. And then the treatment of them is so very bad; take us in Bath. Suppose a nurse has some one to see her on pressing business; they are not allowed to cross the corridor (we are in the middle block); the nurse must go down to the front door, and probably speak in front of a porter and inmate. They might as well be in prison.

2891. Do not they allow visitors?—To me only; not to the nurses; not even for five minutes. Then,

2868. And if she still maintains her requisition is necessary?—We should supply it at once, looking at it in the light that her application is really for the good of the sick under her charge; it is not a personal application at all. *Mr. Adcock*

2869. (*Dr. Downes.*) Have you any difficulty in getting nurses at West Bromwich?—No, sir.

2870. Do you get them locally?—No, we have one from South of England, one from Wales, and one from the North of England.

2871. How do you get them?—By advertising in the service papers generally.

again, we are two miles from the town, and there is no night porter, and the door must be locked at ten o'clock at night. There is not a single recreation that a nurse can have all the year round. With one exception they are allowed one late pass about Christmas time, when all the workhouse officials have it.

2892. Would you have power to give her leave to go out assuming you could get somebody to open the gate?—No.

2893. That would rest with the master and matron?—Yes, if they were reasonable it would not matter, but they will allow nothing.

2894. You lay some stress, do you not, on the superintendent nurse having control, under the medical officer, to give food in any form or in any quantity?—Yes.

2895. She would have, I suppose, to requisition what she wanted from the master?—No, that was not what I meant; I drew your attention to that because I have my food delivered in bulk after it is ordered by the doctor. Suppose, for instance, I have a typhoid patient, and I have a pint of milk delivered to me at four o'clock and the tea hour is at six. I have had the master take away the bulk of the milk, because the whole pint was not given at the one meal. There is no arrangement for us to give the food at different times even for the sick. I point out that because it shows the difficulty that we have had.

2896. As another possible case that might arise, would you suggest that the appointment of scrubbers might cause friction between the superintendent nurse and the other officers?—It does, decidedly.

2897. The matron (or the master) chooses the scrubbers sent to you, I suppose?—Yes; or they do not send them at all, probably.

2898. (*Mr. Knollys.*) You said you had one day nurse to 21 patients: have you found that sufficient?—Yes, I can work my day staff.

2899. With regard to the difficulty of obtaining nurses, do you think that arises from there being a dearth of nurses, or from causes connected with the employment?—I think the causes connected with the employment, certainly.

2899*. There are nurses, but they will not take these places?—I think that is it; I know it from my own hospital experience. Nurses when looking down the advertising columns would say, "Not that; that is an infirmary."

2900. You think that partly arises from the pay given; what would you consider yourself an adequate salary for a nurse?—I should think it ought to be from £10 rising to £20 for probationers; £20 for an assistant; £25 for a staff nurse; and £30 for a charge nurse; it really ought to be hospital pay.

2901. Have you any difficulty with regard to the dietary?—No, I draw all their meals for a week.

2902. Do they get rations from the Guardians? Do the Guardians draw out a dietary table?—Yes; they do that. The meat, of course, comes across every day, but the grocery and other things like that I take every week and portion them out.

2903. How do they know how much to give you?—Oh, of course we are dieted, and we have sufficient.

2904. And do the nurses mess together? *Yes*

Miss Fry.

2905. And you think that they are content with the rations?—Yes.

2906. But you exercise some discretion as to the nature of the meals, do you?—Yes.

2907. With regard to quarters; do they each have a separate room?—In the new house they will have; they moved there a month ago; they all have their separate rooms now.

2908. They have no reason to complain of their quarters?—No.

2909. (*Chairman.*) Do your remarks about being in prison apply to the new nurses' home?—Yes; I have no control over the new nurses' home at all.

2910. Can visitors get to the new nurses' home; you said visitors from the outside could not get to the nurses?—No, not now; they have built the doorway up.

2911. (*Mr. Knollys.*) Are your nurses not allowed to see visitors at all?—No.

2912. How much vacation do they get?—They are on duty from eight to eight.

2913. I mean how much holiday do they get?—A fortnight, but that is too short, you know. They have two hours a day off and a day once a month, and I give them four hours on Sunday.

2914. (*Dr. Downes.*) Is the routine leave settled by the Guardians?—Yes.

2915. And those restrictions you have spoken of, are they imposed by the Guardians?—I suppose so; I spoke about it to the porter once; he said it came under the Local Government Board's Orders.

2916. Has any representations been made by the Guardians on the subject?—Not in my time.

2917. With regard to what you have stated about the feeding of the sick, are you not aware that the medical officer possesses full power as to the feeding of the sick?—Yes, and when I spoke to the doctor, of course I had it rectified.

2918. Do you make any representations in writing to anyone?—No; if your question refers to 2917. Otherwise I make no representations or requisitions to either master or matron that are not written and a counterfoil kept.

2919. Do your nurses keep any reports?—We have our night report books.

2920. Have the Guardians framed any regulations as to your reporting?—No.

2921. Has the matter been before them?—Yes, it was mentioned.

2922. (*Dr. Fuller.*) Have you any trouble about the supply of linen?—No, I get it easily.

2923. Do you requisition the master or the matron?

Dr. Carter.

Dr. CARTER, called; and Examined.

2939. (*Chairman.*) Dr. Carter, you appear on behalf of the Guardians of the Billericay Union, do you not?—Yes.

2940. You are the medical officer, are you not?—Yes.

2941. Your Guardians have made an application to the Board that your infirmary should be recognised as a training school?—Yes.

2942. What number of beds have you in that infirmary?—Thirty-three in the hospital itself. Then of course there are infirm wards—we do not nurse in the infirm wards.

2943. What is your staff at present?—We have two certificated nurses—certificated under the Poor Law—and a probationer.

2944. Certificated under the Poor Law?—Yes, they have been trained under the Poor Law, one at Croydon, and the other at one of the large hospitals; one has had fourteen years experience under the Poor Law, and the other ten.

2945. Do you live somewhere quite close to the workhouse?—Yes, I live about 150 yards off.

2946. Then do you propose to establish some scheme

—The matron for the linen and the master as to any repairs in the establishment.

2924. You told us you had the cast-offs from the fever hospitals; have you formed any opinion as to the type of person who is applying as probationer in the Poor Law service?—I do not like the type who are applying now. They are too often of the servant class, and the servant class have not learned how to command the kind of people we get as patients.

2925. Would you say the type is improving?—No, I have had one or two nice probationers, but the others are very indifferent.

2926. Have you any power of selection, or is that left to the Guardians?—It is left entirely to the Guardians now. I never have a chance of passing my opinion.

2927. Are your probationers taken on a probationary period?—Yes, for three months; and then, of course, I should have the right to refuse or keep them.

2928. Have you exercised your right?—Once or twice.

2929. Does the medical officer have anything to say in the matter?—Yes, of course he has; next to me.

2930. You said that the infirmary blocks were quite separate from the workhouse?—Yes, only connected by a passage.

2931. As far as I remember you have one ward in the workhouse?—One ward; oh, yes, but even then that does not communicate with the workhouse.

2932. Can the workhouse officials get into those wards without coming through the sick wards?—I have the right to lock the door.

2933. Are all your infirmaries apart from the workhouse now?—Yes.

2934. Is it possible to separately administer the infirmary wards?—No, we have the same kitchen.

2935. Would it be possible to do so?—They would have to build for it.

2936. (*Chairman.*) What measures are taken to train your probationers; does the medical officer lecture to them?—No, I do the lecturing at present.

2937. Are there any nurses who have been there some time?—Yes, my deputy nurse has been there seven years; two other nurses have been there five years; the charge nurses were mostly there when I went. I promoted some from the staff to be charge nurses; I have had a good staff until lately.

2938. Are they leaving now?—I am rather afraid the nurses will go now, owing to the Guardians placing the responsibility of the cleaning of the wards under the master and matron; the wards have so retrograded in appearance as to become a reproach to the nurses and a jeopardy to their reputation.

of training these probationers?—Yes, both our nurses are very good—one of them exceptionally good. We have a new hospital now; before that we had an old nurse, and no certificated nurse at all; now we have two certificated nurses and a probationer, and there is a lot of work done now. The probationer is put to do work which is really nursing, and which in a large training school she would not be put to for a year. With us she gets a very good idea of nursing, because she has to do the actual work, whilst in a large training school she would only be doing cleaning up and so on, and our probationers certainly know more at the end of a year than an ordinary probationer would know.

2947. Your head nurse has had considerable experience, has she not?—Yes, she was fourteen years in the Croydon Infirmary.

2948. What do you propose to do about lectures?—I would give lectures, or my assistant would; it depends on how much you would want in that way. You see we shall have a difficulty in getting probationers if their time is not allowed to count. That is what we are anxious to do, so that we can always go on, and the probationers can go on to some larger infirmary.

2949. What accommodation have you for these

nurses?—We have a bedroom for each nurse, and the probationer has her own room.

2950. I understand your proposal is to take a great many more probationers?—Oh no, only one.

2951. Do you wish that that one should be considered as qualified to take the position of superintendent nurse?—Oh no, I should not propose that she should be considered fit for that—only that you should let the time she has spent with us count towards her time in the Poor Law; so that when she goes on into a larger infirmary all the time she has spent with us shall not be lost. If a year were only allowed to count as six months, that would be something.

2952. Would you propose to give lectures to that one probationer yourself?—Yes.

2953. (*Dr. Fuller.*) What class of cases have you at your infirmary?—We get nearly all sorts—we get nearly all the surgery in the rural district. Brentwood is our largest place—they have a cottage hospital there.

2954. Do you nurse all cases in the workhouse infirmary?—We nurse all sorts of ordinary illness—whatever may come in.

2955. Do you get all kinds of diseases?—Yes.

2956. Such as pneumonia or rheumatism?—Oh yes; it is very largely used—I say sometimes too much. We got a case in this morning which must be operated on to-day—I am to do it at four o'clock.

2957. What class of cases do you get that need operating upon?—This is a case of an enlarged abscess in the hip of doubtful origin, and we are going to clean it up and so on. We get also cases of pneumonia, rheumatic fever, heart diseases, and so on.

2958. Have you thought out any curriculum or system of training?—No, but I think that could be met in any way this Board considered necessary.

2959. Are we to understand from what you have said that the Guardians do not wish their school to be recognised as a school qualified for training for the position of superintendent nurse?—They would not get enough experience there to qualify anyone to be a superintendent nurse, but I think a probationer might

very fairly be allowed to count the time she has spent with us. *Dr. Carter.*

2960. Do you wish your probationers to stay longer than one year?—No; all that they would learn from us they would learn in one year. The probationer gets a lot of actual nursing which she would not get in a large London hospital—she does nothing there in the first year except cleaning up and so on. With us she does the ordinary work of the ward, and presently she would take a certain amount of night duty.

2961. Do you wish that this year should count as one of the three years which according to the present Order must be spent in a recognised training school?—I think I might very fairly ask you to allow a year to count as six months. You would thus get us out of our difficulty, or to some extent would help us at any rate.

2962. From your experience of workhouse infirmaries don't you think there is a very large demand for ordinary trained nurses without necessarily going for the position of superintendent nurse?—Yes, but of course everyone likes to have a chance of bettering their position. They naturally want to get as high as they can.

2963. Is your infirmary capable of training persons to act in the ordinary capacity of nurses?—Oh yes.

2964. Would they be trained in the fundamental principles of nursing?—Yes.

2965. Before she leaves you?—Yes, certainly.

2966. What about the higher branches of nursing?—I think you want a bigger school for that, but she would get an opportunity for this when she passed into the larger one?

2967. But assuming that the ordinary workhouse nurse should be a thoroughly well-trained nurse?—Undoubtedly she should.

2968. Is your workhouse infirmary capable of training probationers to fill that position satisfactorily?—I think if she were there three years she would get very good experience, and would have quite enough work to train her for any ordinary cases—quite enough, except of certain rare diseases that she would not see enough of.

Mr. JOSEPH BROWN, called; and Examined.

Mr. Joseph Brown.

2969. (*Chairman.*) Mr. Brown, you are, I believe, a member of the Dewsbury Board?—I am, sir.

2970. You were, I think, chairman?—Yes, I have been chairman three years, and chairman of the principal committees for something like eleven.

2971. Have you had difficulty in procuring nurses at Dewsbury?—Very considerable difficulty, sir, more particularly say eight or ten years ago, and again recently. We have lost three of our most likely nurses through the fear that I have pointed out there, of their being unable to obtain a good appointment through not having had a resident medical officer.

2972. How many beds have you at Dewsbury?—Two hundred, sir.

2973. Does your medical officer give full time?—Practically—well, no, he is not required to give full time. He is under contract to give us two hours in the morning and two hours in the afternoon of every day, and in addition he has to give lectures to the nurses.

2974. How many nurses have you now?—We have eleven now, sir, altogether, I think.

2975. You made an application some little time ago to the Local Government Board on this matter, did you not?—We did, sir.

2976. And the Board said that any nurse trained at Dewsbury should not be prevented from holding any appointment to which she might have been appointed, simply because she had not been trained at a workhouse where there was a resident medical officer, but that any such case should be considered on its merits?—That was the undertaking given us here; we came here as a deputation at the time that this difficulty began. We wrote about it several times, and eventually had an interview with some gentleman at this office, and he told us that we might assure the nurses that they should

never be debarred from holding a situation simply because we had no resident medical officer.

2977. And with that assurance have you still difficulty?—For a while that answered very well, sir, but within the last eighteen or perhaps twelve months and at this present moment we are losing three; they say that when they have served their full time they will practically have to begin all over again.

2978. You say that three are likely to leave?—We have lost three since the commencement of the current year, sir.

2979. Where have they gone to?—One has come to London; I do not know where the others are.

2980. Have they stayed in the Poor Law service?—One has, I know, sir; she has gone into a public infirmary, but one left it altogether. You see, sir, they do not give us the reason in writing why they are leaving; it is not given us in a formal way; it is given us through the master, and that is the answer they have given to us in that way.

2981. Has there been any other trouble with them?—None, whatever.

2982. Do they complain of their quarters?—Oh, no, they cannot complain of their quarters with us; we have had one complaint in that direction lately, but we took it that it was a "colourable" complaint. The complaint was that the utensils used by the nurses were washed up in the same sink in the kitchen as the patients' utensils were; we did not regard that as the real reason at all.

2983. You have had your attention called of course, to the Yorkshire Scheme for appointing an examining body?—Oh yes, we were represented upon that for a few months during its inception, but we withdrew for various reasons.

Mr. Joseph
Brown.

2984. Dewsbury has not seen its way therefore to proceed any further in that scheme?—No, sir, we hope that the Local Government Board will take it up.

2985. Do you see any reason why the Yorkshire Scheme of local examining centres should not succeed if it was well managed?—No, sir, I am prepared to answer that in the negative.

2986. You think the Yorkshire College would be a suitable body to appoint examiners?—Undoubtedly so, sir.

2987. I think you wish to say something in favour of non-resident medical officers?—Yes, sir, because we had this matter under consideration when we built the new infirmary, as to whether we should appoint a resident medical officer and so comply with the Order, but we decided not to do so. What influenced us was that the number of patients is such and the size of the union and the rateable values are such as not to warrant us in appointing both a resident medical officer and another experienced medical officer as a consultative or generally supervising medical officer for the union, and we felt that we should not get from a young medical officer the same qualified attention for the inmates that we should from an experienced gentleman practising in the neighbourhood, the same as we have now. He must necessarily be a young man to come there and we wanted someone more qualified. That is why we did not appoint a resident medical officer. If we had appointed a resident medical man and then engaged some local practitioner of good standing to occupy the position of consulting officer, we could not have expected the same attention from him that we are now getting from one of the most able medical men we have in the whole district.

2988. (*Mr. Knollys.*) Do you know that that system is carried out in many large infirmaries and found to answer well; a young man is appointed as resident with a man of large experience who visits at certain times of the day?—We should have no doubt about its efficiency if a sufficient stipend could be offered for the work, but where we had only 200 beds, it would be too little to give anything like a sufficient salary for any local gentleman. It would involve us in too much expense.

2989. But the system is carried out in many large towns, Newcastle, for instance?—Newcastle is much bigger than ours, sir; if we had had a larger number we should probably have come to a different conclusion, but with 200 beds there would have been hardly sufficient to engage the attention of a resident medical gentleman, and we thought that difficulties might have arisen in that direction, and it was on that account that we decided to employ the best medical man we could secure.

2990. What salaries do you pay your nurses?—They pay the probationers £15 to £20; the staff nurses are paid £30 rising to £35.

2991. And you find your probationers do not stay on to be staff nurses in your own workhouse?—That is the difficulty we are labouring under at the present moment.

2992. Why do they not stay?—The only reason that has been given to us has been this that I have given to you now.

2993. Because they cannot rise to be superintendent nurses?—No, they say that their future advancement will be prejudiced by our not having a resident medical officer.

2994. (*Dr. Fuller.*) May I ask you what the salary of your medical officer is?—£150.

2995. And what salary would you think it necessary to give a resident medical officer?—£100; that is what they are paying in the local district infirmary.

2996. And do you regard that as barring such an appointment?—No sir, we thought there would be scarcely sufficient work to employ this resident medical man and to secure a competent visiting physician; that 200 beds would hardly have been sufficient employment, at least so we were led to believe by several people we had consulted on the point.

2997. Were they professional men?—They were, sir, those whom we consulted on the matter.

2998. You thought the class of cases you had did not warrant you in employing both a resident and a visiting medical officer?—You see, sir, the majority of those we have are not sick; they are more convalescent cases than really sick, they are old people. We are at the present time engaged in transferring from the infirmary about twenty of them, not to a convalescent ward, but to an infirm ward. You see, the old infirmary which we abandoned some ten years ago, we have since had it rehabilitated and made into an old people's block for the classification of the old people, so that the respectable old people who have been brought to the workhouse through no fault of their own may have apartments by themselves. We have more room than we want for that purpose and the doctor has requested us to take a number of these old people out of the infirmary and put them in that block where they will be under the care of one woman.

2999. What number of beds will that leave in the infirmary proper?—I am afraid they will be nearly full then, sir, because we have found our cases vastly on the increase during the last ten years.

3000. Since your infirmary was opened do you find less objection on the part of outside cases to come in for relief?—Undoubtedly; that is the secret of the shortness of beds; the poor will sometimes ask to come in to be treated; we have secured the unqualified confidence of the poor outside.

3001. Don't you think if you appointed a resident medical officer in addition to your present medical officer that that would be a still further inducement for your outdoor sick to come in?—I do not think we have any that it would influence.

3002. You know probably that if sick medical relief cases are treated in the infirmary they recover much more quickly and are in better health in a shorter time, and sooner able to resume their work than if they were treated in their own homes?—The difficulty is with the poor; that they do not recognise that.

3003. You think that is so?—We have proved it, sir. In some cases we have continued the out-relief in full whilst we brought the husband (if it was the man who was ill) into the infirmary. We have continued the relief to his family at the old figure in order to induce him to come in. That has brought down the objection of the poor people to coming in.

3004. Have you any knowledge of the system in operation at Bradford? No, I have not, sir. I have a slight acquaintance with it; all I know is that they have a nurses' home separate.

3005. Are you aware that they have an assistant medical officer and a visiting surgical officer and a resident medical officer?—No, sir, I did not know that.

3006. And that there is some prospect of an additional medical assistant being required?—I have the impression that their infirmary is very much larger than ours.

3007. It is about twice the size; you may consider it necessary in a year or two to appoint a resident medical officer?—I do not know how it might take with my Board in that case; there would be considerable reluctance on the part of many to do it.

3008. Have you any statistics showing the increase in the number of cases treated in your infirmary during the last five years?—No, sir, I have not inquired into that; I have not made any specific inquiry in that direction.

3009. (*Chairman.*) Do you think there has been an increase in the number of acute cases?—Yes, sir, I should say there was, because we have induced them to apply to us for treatment in that way, and that has multiplied the number. When we built for 200 beds we thought we were building for 20 years or more. But now, as I say, we have had to make further provision.

3010. (*Dr. Downes.*) You do not know the number of deaths in your workhouse?—I could not tell you, but the mortality is very considerably reduced since we opened the new infirmary. I had the figures for that, but I have not them in my mind just now. The doctor laid the statistics before us for the first five years, showing that we had reduced the mortality very largely since we opened the new infirmary, because we have a very careful system of ventilation over slow heat

radiators; the air is constantly being renewed by warm air direct from the outside. The doctor attributed the lower death-rate a good deal to the improved conditions of ventilation. Of course the majority of the cases we get are asthmatical and bronchial cases.

3011. (*Dr. Fuller.*) Is your workhouse medical officer also district medical officer?—No, sir.

3012. Would it be possible to combine the two offices in one man in your case?—No, because the gentleman we now have comes from Batley, and our workhouse is in Dewsbury.

Dr. HUMPHREYS, called; and Examined.

3016. (*Chairman.*) Dr. Humphreys, will you kindly tell us how to describe you in the minutes of the proceedings?—I am an L.R.C.P. London, and M.R.C.S.

3017. You have supplied us with some copies of your article, so that we know your proposal, but we have asked you to come and show us the maps you have made setting it out?—I have them here and will show them.

3018. You say that as regards Wales you have found it difficult to do anything?—I had a great difficulty in arranging for the provision of nurses in Wales, there being so few places where they can be trained.

3019. This map that you produce shows how you propose to establish infirmaries to take the acute cases out of all workhouses?—To take all cases of sickness out of the workhouse; the small red circle indicates the position where the central institution would be; the larger circle gives an idea of the distance, about 11 miles across; it is at any rate about 11 miles from the centre; that is about the distance that patients would have to travel to the centre.

3020. How many new infirmaries would have to be built under your plan?—That would depend upon the accommodation at present, to a great extent.

3021. You propose to utilise all existing hospitals; do you propose to utilise the existing infirmaries?—My scheme is not based upon the ordinary civil hospitals; it deals with the nursing of sick persons under the Poor Law, and supposes that they will remain under the same authority. Where infirmaries were separate from the workhouse and suitable they would be utilised. The great difficulty is to get any nurses at all in infirmaries which are actually inside the workhouse walls.

3022. To take the county that I am most closely acquainted with, the county of Yorkshire. I see you propose to have one of these centres at Northallerton and one at York for the North Riding of Yorkshire, one at Middlesbrough, and one at Scarborough; is that the idea?—Yes, that is worked out on the distances from the different workhouses scattered about, the convenient centres to which patients could be sent. I have no local knowledge of Yorkshire; it is worked out on the map according to the distances sick persons could be carried by road or rail respectively.

3023. That would not in the North Riding of Yorkshire involve building any new hospitals?—I do not know what those hospitals are like or what is their accommodation.

3024. Have you worked out any idea of the cost of your scheme?—No, I have worked it out simply from a medical point of view. These places are chosen more with a view to finding a convenient centre rather than sending to an especially well-organised infirmary; but where the two coincided they could be utilised, and in a vast number of cases that would be so.

3025. (*Dr. Fuller.*) Have you an extended acquaintance with the Poor Law?—I have been a member of the Workhouse Infirmary Nursing Association for about twelve years, on their executive, and we have a very large amount of information brought before us there. We have had constant interviews with nurses and matrons in the Poor Law. I have done parish work also in one of the districts in Kent. The scheme before the Committee is the outcome of six years continuous labour on a vast collection of hard facts gathered from many sources, including personal interviews with Boards of Guardians.

3013. Does the town of Dewsbury have more than one district medical officer?—No, the workhouse medical officer has no outside duties whatever.

Mr. Joseph Brown.

3014. Is your workhouse medical officer attached to the cottage hospital?—I believe he is, sir, but I cannot speak positively; he is in Batley and I am in Dewsbury, so far as my municipal interests are concerned.

3015. How far does the medical officer live from the workhouse?—Probably a mile, but he is connected by telephone.

3026. I ask that question because I wondered whether you were acquainted with the type of Guardian met with in the rural districts?—I am, to some extent, and I saw something of them at the Central Poor Law Conference and at Board meetings. I came to the conclusion that the Guardians as a rule were not people capable of managing trained nursing at all; that they were not as a rule capable of understanding such a technical subject. That is the conclusion I came to a long time ago.

Dr. Humphreys

3027. The fundamental principle of Poor Law administration is local government. In your opinion would it be possible to locally educate the Guardians up to the adoption of a scheme such as yours, or would you propose that it should be done by compulsory powers?—I think something between the two; but I think it is between the County Councils and the Guardians. Many of the County Councils are of opinion that something very considerable should be done to improve the nursing of the sick poor. If the Guardians do not carry it out in an efficient manner, it may be a question for the County Councils taking it up.

3028. In your opinion do you wish us to understand that the indoor relief should be a national charge; indoor *medical* relief as distinct from indoor relief?—Yes, I think so.

3029. Not a county charge?—Partly both. It should be spread over a larger area than at present. But I do not claim to be an expert on financial questions at all. The opinions I have arrived at are simply a question of nursing the sick.

3030. Of course the question of administration comes in in the same way. You make a statement that "it has been found impossible to get sufficient trained nurses from outside to supply the deficiencies of the system, and even such, if they do enter it, require an additional training, and have to abandon many of what are usually considered the proper standards of nursing before they are fit for their duties." Is that based on representations which you have received in your official capacity in connection with the Workhouse Nursing Association?—Yes, partly, and partly from what I have read and partly from what I have heard. I made enquiries from old nurses as to the circumstances under which well-trained and efficient nurses could possibly be got to go to workhouses, and what I gathered was that so far there had been no inducements which would take the nurses there and retain them in the service. There is the question of the master and matron's interference—the whole thing has a bad name—the fact is that although they are from time to time sent down to take temporary places they will not take the posts of their own accord with a view to retaining them for any considerable period of time.

3031. On page six of your paper you say, "On the other hand, the sick wards of a workhouse may be said to be lacking in everything which makes for success, or which facilitates the work." Is that based on personal knowledge?—To a certain extent it is.

3032. You say the essentials of nursing are often found wanting?—That was one of the things we found a long time ago.

3033. Do you mean that to apply to the present time?—To a certain extent we do.

3034. Are you speaking of small rural workhouses?—More especially the small ones; the large ones, of course, are well stocked.

Dr.
Humphreys.

3035. You say, "The nursing staff is made up of perhaps one or two well-trained nurses, whose whole time, however, is occupied in filing up forms and writing up reports, and who are simply lost in a multitude of 'assistant nurses.' These last are totally untrained, entered as probationers for a three years' course of training, a training which they frequently receive only in name." Do you know that of your own knowledge?—Yes, I may say to some extent I do.

3036. And then you go on to say, "The staff is completed by infirm paupers." Are we to infer that you know that the nursing staff is augmented by paupers?—Yes, I know of one case from personal knowledge, and believe many others exist.

3037. In which the paupers perform nurses' duties?—Yes, although they are often called attendants.

3037*. You say also on page eight, "It also permitted—a disastrous lapse—under certain rather wide limits, the continued use as nurses of the paupers who, up to that time, had been largely employed in that capacity." You are aware that the use of pauper wards-maids as attendants rests with the medical officer?—Nominally, yes, but he has so much pressure put upon him often that he is obliged to give way.

3038. You think that the secret of what you mention, that the pauper ward attendants are performing nurses' duties, is that the medical officer of the workhouse has pressure brought to bear upon him by the Guardian to make use of them?—I believe partly so, and partly that nurses cannot be obtained.

3039. You go on to say that "The master and matron are still able to interfere arbitrarily with the nursing by refusing adequate supplies of necessaries." Is that information which you have had in your official capacity?—It has come before me in that way; yea, and I have been told so independently also by nurses.

3040. With regard to training schools you say, "The infirmary to which the training school is attached must contain at least 200 beds." You give us your opinion as a medical man that that should be the limit?—Yes, that is also the opinion of people who are experienced on the question.

3041. You propose to modify that statement by saying that a resident medical officer is necessary for 200 beds?—I think so, if only on account of the number of patients.

3042. And you propose a universal curriculum?—A minimum curriculum.

3043. You say, "It is impossible to get well-trained nurses to stay for any considerable length of time in places where they lose their skill for want of practice." Will you be good enough to explain that?—Well, one thing, for instance, is that the number of nurses employed is far less in the infirmaries than in the ordinary hospitals: the proportion between staff and patients is quite different. Then in so many small places, as I understand, the ordinary nursing appliances are not to be found, or at any rate they are deficient, and the patients are few in number and vary very little.

3044. What is generally the proportion of nurses to patients in the general hospitals?—Including probationers it runs up from one nurse to one and a half patients at the London, and up to one in five at Guy's. One staff (trained) nurse to eight patients would probably be about the average as a rule for the Metropolis, and I think for provincial hospitals as well.

3045. Do you think your scheme would be in any way met by the Board recognising the present workhouse infirmaries which contain 200 beds in different parts of the country as recognised training schools?—That would not supply the nurses for the smaller workhouses; they would not stay, and the numbers being trained would be insufficient as at present. I have calculated that if all the infirmaries in England with an average of over 200 beds were to train nurses there would only be about 330 nurses available each year, coming out as trained nurses: that is to say, probationers of three years' training who have been trained in an infirmary where the proportion of probationers to staff nurses is as one to two. About 1,000 trained nurses would be required annually to keep up a proper standard of nursing.

3046. You think that is an essential part of the training; that a school should only be recognised if the

Guardians employ two staff nurses to a probationer?—I think so.

3047. You put forward an example of the working of your scheme in Hampshire?—Yes.

3048. I see that you propose that Winchester, Portsea and Southampton should be recognised centres?—That is so.

3049. Do you know the Farnham Workhouse Infirmary?—I discussed it about three years ago with one of their Guardians.

3050. I might perhaps tell you that there we have an exceptionally high standard of medical and nursing administration. Did you purposely leave out that infirmary?—No, I know nothing about the infirmary there. I put it on general grounds that infirmaries containing less than 200 patients on an average would be unable to train their own probationers. Those who had less than that number would necessarily have to be supported from other institutions in respect of nurses. I take that to be the case at Farnham.

3051. At Farnham we have a new workhouse infirmary?—In a few separate infirmaries where nursing could be well carried out and where there were between 100 and 200 beds, I propose that existing buildings should be utilised for nursing purposes. There would not be many of them. They could not train probationers, however, and would depend on other infirmaries for their nurses. But where the number is under 100 I think there are very serious objections to their being kept in use, even for nursing purposes. One general standard is necessary, through individual institutions, as Farnham, might vary in efficiency from year to year, from internal causes.

3052. I want to get at the reason why you chose Winchester?—The reason was geographical: railways and roads, and because of its being a county centre conveniently placed as regards many small infirmaries; it is a geographical question. The place is easy of access from many surrounding unions.

3052*. Do you propose to deal with the acute sick: such as acute rheumatism and acute pneumonia?—They would be sent in to the nursing centre as soon as they could be removed; in the meantime they would remain in the local workhouses and would be nursed there by a nurse sent down from the centre.

3053. That is an essential feature of your scheme: a staff of nurses to take care of acute sick cases?—Yes, so long as they could not be removed.

3054. You do not propose that a properly trained nurse should be retained in local workhouses as at present?—In the small workhouses the difficulty is to retain them.

3055. On page eight you suggest that there should be receiving wards for the sick who require trained nurses for their care; where do you propose that these receiving wards should be situated?—At the present workhouses.

3056. (*Mr. Knollys.*) Under what authority do you propose that these receiving houses for the sick should be set up?—It would be done under the same authority as at present. There would be no new receiving wards required. The only new buildings would be at the nursing centres, where the present buildings were unsuitable or too small.

3057. But these districts would comprise parts of several unions?—There would be a Board comprised of representatives of those unions to regulate the nursing centres.

3058. How do you propose to pay for these?—That is a point I have not considered.

3059. (*Chairman.*) This map shows points taken for geographical considerations, and not by areas?—Yes, the position of the nursing centres are calculated on distances (from the unions to be affiliated to them), which it would be reasonable for sick persons to travel.

3060. Have you in preparing your scheme taken into consideration the individual capacities of the various workhouse infirmaries already existing? Have you differentiated between them in any way?—I put them down under the headings whether they could train nurses or whether they could not. Perhaps I may mention the way in which the idea of my scheme arose; it did not start independently, it gradually worked out

of an expert discussion as to the working of the Poor Law system, as to how the workhouses were going to get sufficient nurses. It was suggested and agreed that they must train their own nurses eventually, and must train them in some centres. When I worked out where they could be trained I found that it was impossible, under existing conditions, to train sufficient nurses to nurse the patients that were under the care of the Guardians.

3061. So that you are proposing bringing the sick into groups for the purpose of training nurses?—For the purpose of nursing the sick in the first instance. Guardians cannot get the nurses; there are great difficulties in connection with the ordinary hospitals, they often find themselves in great straits to get nurses.

3062. Do you see the difficulty: we have no power to report as to a general alteration of the Poor Law; it appears that your scheme would want a re-grouping of Poor Law areas?—I think the first consideration is the nursing of the sick. At present it is impossible to get that done. If the difficulty is to be overcome we must begin all over again.

3063. But this Committee can hardly deal with that; this Committee have to deal with nursing under the present Poor Law?—My point is that the patients ought to be the first consideration.

3064. (*Dr. Fuller.*) Have you any special knowledge of the Welsh infirmaries, particularly in relation to North and Mid-Wales?—No, I have never been in Wales, sir.

The Hon. SYDNEY HOLLAND, called; and Examined.

3071. (*Chairman.*) Mr. Sydney Holland, you are the Chairman of the London Hospital, are you not?—Yes, and also Chairman of the Poplar Hospital, and of the Tilbury Cottage Hospital. I am also on the Council of the Queen's Jubilee Institute of Nurses—we have about 1,000 working in different parts of England—and I have just been nominated to be on the Queen Alexandra's Imperial Army Nursing Board.

3072. You are connected then with two institutions having a large number of nurses under them?—Yes, we have 470 nurses at the London Hospital, including 92 on the private staff, and about 30 at Poplar.

3073. Could you give us some information, either in confirmation or otherwise, of what we heard from a witness just now as to the number of patients to a nurse in the London hospitals?—The nursing staff in the London hospitals (and the proportion is universal through all the best managed hospitals in London) is about 2·8 to 2·10 occupied beds to each nurse. This is the case at Guy's, Bartholomew's, King's, Middlesex, Westminster; I know them all by heart; they are all under three occupied beds per nurse. When I speak of the number of nurses in a hospital, when I say one nurse to two and a half beds, that includes, of course, probationer nurses and a lot of nurses who are doing special duties; those we have for lupus, for instance. We have 15 nurses working in the lupus light department, and they are not occupied in nursing patients in bed. There is a great deal of extraneous work done outside the actual nursing, *e.g.*, laundry sisters, linen room sister, home sisters, office sisters, and 19 nurses in the out-patient department, and these increase the number of nurses in proportion to the beds.

3074. Would you have the same number of nurses per occupied bed in the Poor Law infirmaries?—It would be ridiculous to suggest that Poor Law nurses should be in anything like the same proportion as general hospitals. The cases are different; you have not students going round all day. You have not a visiting staff of physicians and surgeons. One of the best infirmaries in London, as you know, is St. Pancras, the one at Dartmouth Park Hill. There they have got something like 50 nurses to 500 patients. I believe those patients are just as clean as ours, their heads and nails and backs are in just as good a condition as ours, because the nurses have nothing else to do. Many of the Poor Law patients are chronic, and many of them are out of bed a great part of the day, and not a large proportion of them are seriously ill; whereas at the London Hospital far the greater number of patients are confined to bed the whole day, and in

3065. You consider then that it would be impossible to carry out this scheme under the present law?—I have regarded it in this way, that as it is at present the Poor Law has failed entirely in the nursing of the sick, and the fact of this inquiry proves that this is a very serious difficulty, and I take it there may be some changes necessary.

3066. (*Chairman.*) Do you not think that your object of improving the nursing in workhouses might not be furthered in a different way by offering more inducements to nurses to remain in the Poor Law service?—I think nothing would induce them to remain in the small workhouses.

3067. (*Dr. Fuller.*) You put forward in your paper five separate points which you regard as inducements. One is that the Guardians should pay half the nurse's premium for an annuity?—That is in connection with the scheme.

3068. But could not that be done under the present system?—I am sure you will not get them to stay in the smaller workhouses at all.

3069. Have you thought any scheme of registration of nurses?—Of course under my scheme the central body would get a list of nurses and the Guardians would apply to that body when they wanted a nurse.

3070. Would a registration scheme meet the difficulty in your opinion?—I do not think you have any possibility of marked advance in line with other nursing authorities under the present system at all. I think it wants altering if it is to obtain and retain efficient nurses.

nine cases out of ten it is a question of life and death. Our death rate is 10 per cent.

3075. What do you think is the proper proportion of nurses to patients in an infirmary?—I could not tell about the proportion; I have no sufficient experience in Poor Law nursing.

3076. Is nursing less popular than formerly? Do you find any difficulty in recruiting nurses?—I think nursing is not less popular than it was. Let me give you our experience. Of course, the standard at the London Hospital is a very high one; we do not take the servant class; we do not take women whom we do not think will be able to pass through the severe examinations, because they really are stiff examinations; we do not take anyone who is not very strong in health. We had 1,618 applications last year, and of these 454 were interviewed. Out of those 1,618 applications Miss Lückes, the matron, sent for all those whom she thought were at all likely to be suitable, erring rather on the side of seeing more than were likely to be suitable. Well, she saw 454 out of the 1,618. The rest were either too old or obviously too little educated or too young. But lots of these women have done perfectly well for Poor Law nursing, and lots of them would do perfectly well for many of the smaller hospitals and many of the provincial hospitals. I am not sneering at the provincial hospitals, and I do not refer to the bigger ones, but lots of these candidates would have done for positions in Poor Law infirmaries or in small provincial hospitals. Therefore, I do not think it could be said that there is a dearth of women wishing to be nurses. On the other hand, the number of training schools for training them ought to be very much increased. I think there is a difficulty now in getting enough training schools. Although the numbers of people applying have increased, the demands for nurses are certainly greater than they ever were. For instance, it is only since the first Jubilee that the late Queen started the district nurses, and we have 1,000 of them now; that was comparatively a new demand. Then there is the Colonial Nursing Association, which takes up a good many nurses. Then the School Board want nurses, and the Metropolitan Asylums Board want nurses. Then by the Local Government Board, 1897 Order (which was not a great success, I fancy), you wanted a lot more nurses. I do not think you must be disappointed if you do not get all the nurses you may want at once. I do not think you must expect to get a full supply of nurses; there must be a dearth for a time. But I do honestly believe that you would find many more women ready to nurse under the Poor Law

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if you made the conditions a little more favourable. That is my belief from what I hear on all sides, universally. We have many old "Londoners" in the Poor Law, and there is an universal opinion amongst them that no women with any respect for themselves will work under the conditions of having to serve under untrained masters and untrained matrons. Of course, the probationers do not know this when they enter your service, but the people in your own service hate their profession, and say so boldly; and this does not tend to make it popular or attract candidates. No trained woman, whom I know, would stand being under an untrained woman. Then it is a fatal thing that the control over the nurses is not left to the superintendent nurse or nursing matron. Even where the nursing is not under the master or matron it is generally under the resident medical officer. If the medical officer is a resident he is generally a young man who has just left his hospital, and who knows nothing whatever about nursing. If you will excuse my saying so, doctors do not necessarily know anything about nursing; they are not taught it, and they often do not know anything about it; they learn it in time. But here you have a trained woman under a young man. She has no control over her nurses; they can appeal to this young man for anything; he can give them leave, and I believe I am right in saying that he can sign the certificate if the superintendent nurse refuses to do so.

3077. Do you mean that the medical officer can give them leave instead of the superintendent nurse? Yes; I am talking of the bigger infirmaries where there is a resident medical officer. I state this, that if a nurse went to the matron and said, "May I go out to-night," and the matron said, "No, I want you in the ward," and then the nurse were to go straight to the medical officer and he were to say, "Certainly, you may go out," she would be entitled to go, and the Local Government Board's Orders would have been carried out. Everything is under the control of the medical officer. In the lay hospitals we should never stand that; the nurses are entirely under the matron at the London Hospital; the doctors cannot even order a special nurse for a patient.

3078. It must be through the matron?—Yes; they can say to the matron, "That case wants watching." The matron says, "Very well, I accept the responsibility," but how she has the case watched, whether she puts on a special nurse to watch it or not is her affair. The doctor cannot order her to do so. This control of the nursing should be with your Poor Law nursing matrons. If a case is not properly nursed the resident medical officer would report to his Guardians that the nursing is bad, and the superintendent nurse would have an opportunity to defend herself.

3079. (*Dr. Downes.*) I think you are speaking of what are known as "separate" infirmaries, where there is a resident medical officer?—I am, sir. In the smaller ones the superintendent nurse is in an even more difficult position; it is almost worse because in these the matron of the workhouse is responsible for the nursing. Now and then you find a case where the superintendent nurse and matron of the workhouse get on together, and these difficulties do not occur. But often the superintendent nurse's position is very bad. She has an outside medical officer who comes in for a few minutes every day, intensely bored with the pauper cases, out of which he gets nothing, and which are uninteresting and monotonous; he rushes through the wards and goes away again; and yet that man under the Local Government Order is responsible for the nursing! He is often not quite independent. He is dependent upon the Guardians who, it often happens, are hostile to nursing. He is dependent for a great deal of his private practice on the Guardians, and he dare not contradict them; therefore, the woman's position is a most unsatisfactory one. Now, I have given you some of the reasons why they hate it. Very often, too, your nurses' accommodation is much inferior to what they have in hospitals. I do not know about their pay; at St. Pancras, I understand, they do not get anything at all for the first year, which is, of course, absurd. At the London Hospital, where anyone would admit that the training is better than Poor Law training, probationers get £12 the first year, £20 the second year

and so on. The principle I am suggesting—that the superintendent nurse should be entirely responsible for the nursing—is one that has been tried, and is now in existence, at every lay hospital in England.

3080. (*Mr. Knollys.*) Will you kindly say exactly what your suggestion is?—I suggest that the superintendent nurse in the big infirmaries should be absolutely responsible for the whole of the nursing; that she should be responsible to the Committee of Guardians who manage the infirmary; that she should report direct to them or go to them; that the whole of the granting of certificates, the giving of leave to nurses, the suspension of nurses, the engagement of nurses, and the selection of them should be absolutely and entirely under her. And Miss Florence Nightingale would agree with every word I have said.

3081. Now in the case of an infirmary within the workhouse?—That, of course, is very much more difficult. I should none the less make the superintendent nurse responsible for the nursing; responsible to a committee just the same as in the big one but, of course, there, where she is actually living in the house, there might be a greater difficulty in making her quite so independent. But no one should control her nursing, or the engagement of the nurses or any of the things that I have mentioned.

3082. Would you consider that the Poor Law matron should have the right of controlling the hospital wards as regards their cleanliness and so on?—No, certainly not.

3083. You would not have her go into them at all?—No.

3084. Nor the master either?—No.

3085. Therefore, in the infirmary wards you would make the superintendent nurse absolute?—Yes.

3086. Not even under the control of the medical officer?—Of course, the medical officer must report if she is not doing her work properly.

3087. What do you consider a proper salary for nurses? What salary do you pay your nurses?—We have, first of all, a seven weeks' trial in a preliminary training school outside the hospital—we and the Glasgow Infirmary are the only hospitals which have this training school. Ours is resident with board and lodging; theirs is not. After the seven weeks they come into the hospital. During the seven weeks that they are at the training school they are on probation or trial; and get no pay and do no work for the hospital. During that time 27 out of the 172 failed last year. When they come into the hospital, that is to say, when they are accepted as probationers, they sign an agreement to serve for four years. We give them £12 salary the first year, £20 the second, when they gain their certificate. On gaining their certificate the pay is in accordance with the post to which the nurse is appointed: Staff nurses, £24, rising £1 annually to £27; sisters, £30, rising £5 annually to £40; private staff, £30, rising £5 annually to £45. There are other well paid posts and a bonus for long service.

3088. And are they considered probationers all the four years?—Oh, no, only for the first two—we give them a two-year certificate and another after three years—two years of training and one year of service. We have only last year changed the three years into four.

3089. You would say that there has been no dearth of nurses, only that they will not accept Poor Law appointments?—I do not think there is any serious dearth of nurses, and I say there is no dearth of nurses fit to do Poor Law work. And I think some of our good training schools are splendid.

3090. You would have no hesitation in accepting a nurse trained there for one of your hospitals?—Oh, yes I have. We would not take them—certainly not—we should never take anyone trained anywhere else.

3091. You only take nurses trained in the hospital where they are employed?—Certainly; we train all our own nurses at the London and also at Poplar—I would not take a nurse who had been trained in the Poor Law. No, you must keep your Poor Law nurses in the Poor Law, or they must go into private or district nursing. If I were King of England the scheme that I should

make would be this—I do not quite remember what the "Metropolitan Common Poor Law Fund" is, but when I was a London Guardian our union used to get back from it a certain amount of an expenditure on, I think, infirmary purposes. You have got to make up your minds either to nurse paupers properly or not. If you are determined to do it, I do not see why you should not have a "Common Poor Law Fund" for the whole of England for nursing. I do not see why you should not fix (just as we are going to do in the Army nursing) certain places where nurses can be trained. Take the St. Pancras Infirmary, and instead of training only 50 nurses at St. Pancras, let them have 200 there and train them; get your nurses to sign for three or four years. Appoint a matron in chief, or perhaps several, whose duty it would be to go round from infirmary to infirmary and inspect the nursing. After nurses have been trained in one of these big places, such as St. Pancras (and those infirmaries should be paid for training them out of the Common Poor Fund), they should be scattered about to these small infirmaries, the matron in chief going round from time to time seeing that the circumstances were possible for a good woman to work in, and altering them if they were not, and reporting on them; and if it was a miserable little infirmary, seeing that a nurse did not remain there too long, but that she was removed and another one was sent. I would have the whole of the nursing done from a centre. I would improve the pay, give a considerable increase of pay if the nurses stayed with you, and some form of pension at the end. I should suggest that some scheme on these lines would be the ideal.

3092 (*Dr. Downes.*) Where would the Guardians come in, Mr. Holland?—That is just the difficulty; the Guardians will either have to accept nurses or they will not—at present they seem hostile to it—the Government ought to say to them, "you must nurse your paupers properly." You do act thus on some occasions, *e.g.*, the Local Government Board said to the Board of which I was a member, "you must provide accommodation for married couples"—we did not like it, but you made us do it. So you forced the Chelsea Guardians to build casual wards, strongly against their wish. I do not see why you cannot similarly enforce proper nursing.

3093. Can you suggest any power that the Local Government Board have to enforce this?—You do enforce many things, you have done it thousands of times.

3094. I think the instances you mention are under the Acts of Parliament?—I cannot think that married couples' quarters are.

3095. Yes, I think so?—Well, if you want an Act of Parliament, do not be frightened of it. Get one, the world would be with you in saying these poor people should be nursed properly.

3096 (*Dr. Fuller.*) You make rather a serious statement about the want of control on the part of matrons in separate infirmaries in the provinces. Do you know the Orders that specify the duties of matrons?—Am I right in saying that when your Nursing Order was issued that defined them.

3097. That Order did not apply to infirmaries separately administered from the workhouse—you see Article VI. states that?—I see; then the Order did not make any difference in the position of those who were not separate. Where a workhouse and infirmary were in one building, or even one curtilage, the old Orders applied, though there had been a new Order given that they were to have proper nurses.

3098. That Order did not apply to infirmaries separately administered from the workhouse. These are the Regulations applying to separately administered infirmaries (handing the Orders to the Kingston Union)?—You are giving me this to show that I am wrong in saying that the matron of the infirmary has no control over her nurses—is that the reason you are giving me this?

3099. Yes?—But it is a matter of common knowledge that these rules are not followed in some of the London infirmaries.

3100. I have nothing to do with the Metropolis, I speak for the provinces. In all cases the matron is

responsible for the nurses entirely, that is merely a later Order that has been issued to provincial infirmaries?—But I read here, in these Kingston Orders, page 11, duties of matron—"To superintend the nursing staff and nursing arrangements, subject in all matters to the approval of the medical officer of the infirmary," and even the management of the servants I see (Article 48) is "under the supervision of the medical officer of the infirmary." That takes her backbone away altogether.

3101. Not in practical working?—Yes, often in practical working. I could give you many instances. She cannot be head if she is "under the supervision" of somebody else. These regulations are right in one respect, because the matron has to report to the Visiting Committee and the Guardians.

3102. That Order is in force in Birmingham and in Halifax, the matron has sole control of the infirmary.—That is as it should be.

3103. You suggest compulsion, but I have not heard anything from you as to any mode by which Guardians could be induced by the Local Government Board to do these things?—If a Board of Guardians have not got any tender feeling for their fellow-creatures you cannot give them that. And if you are determined to have paupers nursed properly, failing persuasion, you may need an Act of Parliament. I cannot tell, because I do not know your full powers.

3104. You are aware that the principle of the Poor Law is that the Guardians are responsible in their own union, and that they are elected by the ratepayers?—Yes, I know that is the difficulty.

3105. As regards your knowledge of the capacity of trained nurses as administrators, we have had evidence here that the ordinary trained nurse is not of sufficient capacity to administer as distinct from nursing?—Why, the whole experience of lay hospitals is against the person who said that. Every hospital in England is managed by a trained nurse. Take the matron of any hospital, she is always a trained nurse—every hospital is managed by a trained nurse.

3106. One recognised authority in the nursing world told us that she was of opinion that the ordinary trained nurse was not fitted to take the position of matron of a workhouse, because in the matter of administration she had not been taught?—That is not true. Women trained in hospitals get to be assistants to the matrons; they hold very varied posts, and see all sorts of different duties; they get to learn administration. Every day, unfortunately, we are sending away our best women from the London Hospital to manage other hospitals; we have just sent one to Cambridge.

3107. You mean to be matron of a hospital?—Yes, and the matron of a lay hospital has the whole of the administration, the whole of the management of the servants, the whole of the cooking and washing under her. If that statement were true, it would mean that every hospital in England is badly managed, would it not? It must be so.

3108. As regards the total removal of the power of a master or matron to visit the sick wards of a workhouse infirmary, would that be desirable from the point of view of supervision of the officers in a large establishment?—I would much rather put it in the power of the Guardian to visit.

3109. You know that it is quite possible—probably your experience will confirm this—that it is sometimes necessary for the master to interfere in the administration of the infirmary, that he represents the Guardians with regard to any misconduct on the part of the nurses?—I do not see why he need be called in, it is the superintendent nurse's duty.

3110. I mean where there is a superintendent nurse; there must be some power for the master to have the right of entry into that infirmary?—I cannot see why.

3111. You would say that the master should not have any right of entry into the superintendent nurse's room?—No, he should not.

3112. But the workhouse matron: it might be very desirable that she should have this power?—I should doubt whether it would, because the superintendent nurse would be inspected by the Guardians and by the

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medical officer, and, if my plan were carried out, by the matron-in-chief, and the workhouse master or matron could report to any of these their suspicions of any wrong-doing.

3113. Then in the case of any misconduct on the part of the superintendent nurse: suppose she drank, for instance, apart from the medical officer, no one could report it?—It would soon be found out—don't you see you have got to end your responsibility at some point? and where nursing is concerned I think the superintendent nurse should be the last one. If she chooses to drink it will be found out in time just the same as if the master or matron chose to drink; you do not set anyone to report on them. You will never get your nursing properly done or make it popular so long as you put these trained women under untrained women.

3114. Is it your opinion that when we remove these alleged disabilities we shall get a better type of woman applying for the position of superintendent nurse?—Undoubtedly; I do not think there is the slightest doubt about that. It seems to me you must make the whole thing more popular than it is.

3115. You suggested that there should be more training schools for nurses; have you any suggestions to make as to these training schools?—I have told you what our plan is; we have a place called Tredegar House, down at Bow, and in that the nurses are trained before they come to do hospital work. I do not suggest that for you, but I do say this, that in large infirmaries like Islington or St. Pancras you might have a large nurses' home, and a commodate 100 or more nurses; you have plenty of opportunities there to train a 100 more nurses than you have there now. There are but 50 at St. Pancras now, but you could, as I have said, train 150 there.

3116. Your plan would be to increase the numbers at these large training schools?—Yes, I would increase the large training schools, and allow them to earn money from the Common Nursing Fund for training nurses.

3117. It has been suggested that we should alter the standard of qualification for a superintendent nurse; would you agree with that?—I daresay my views on this are not very popular, but I think the three years' system has been an absurd fetish. There are lots of people who can be trained to do perfectly good work in less than three years. Whether three years is needed for a superintendent nurse I do not know. We have not got it at the London nor at St. Thomas's. It is one year, I think, at St. Thomas's and two years at the London, and for a Queen's nurse the minimum qualifi-

cation is two years' hospital training and six months district nursing training.

3118. (*Dr. Downes.*) Do you see any objection to any portion of that period being passed in a smaller workhouse?—The training should be in one place, but as regards the remaining part of the engagement I think it might be a very good thing that it should be spent elsewhere, and this would give a greater variety of experience. I think I should give the probationers some part of their training in fever hospitals, if possible, but I do not feel sure. They are under different control, and a different standard of training.

3119. (*Chairman.*) What is the population of the London Hospital: the average population for whom this one matron keeps house?—On the census day we returned 1,100 people as resident in the hospital.

3120. And the same woman superintends all the arrangements for feeding those people?—The steward superintends the buying and cooking of food for the patients, and buying of the food for nurses, but the matron superintends the nursing staff. Of course, it is done by delegation of details, but she is responsible for the whole thing. There is, for instance, one sister over the laundry, one over the nurses' home, one over the nurses living on side, and another looking after the linen department, but the matron is responsible for everything.

3121. Do you think that it would enable us to get a very much better class of nurse in the Poor Law service if we made the superintendent nurse hold the post of matron as well, so that instead of having two women working with concurrent jurisdiction there would be only one, and that one the superintendent nurse?—I always understood that the difficulty was that the matron generally had to be the master's wife.

(*Mr. Knollys.*) She generally is, but she does not have to be.

3122. (*Chairman.*) But a large number of trained nurses marry, do they not?—I am sorry to say they do.

3123-4. And there is no reason why their husbands should not be qualified to act as masters?—None that I know of. Let me end by saying that if you can get rid of the grievance of putting trained women under untrained women, that will be a great step. If you do not do anything you have got to face a big disaster. You will have no nurses at all or a very large falling-off of the applications. Every day the advertisements come out for these nurses and remain unanswered. Many Guardians have spent as much in advertising as in nurses' salaries.

Sir HENRY ROBINSON, called; and Examined

*Sir Henry
Robinson.*

3125. (*Chairman.*) Sir Henry Robinson, you are Vice Chairman of the Irish Local Government Board, are you not?—Yes.

3126. I want to ask you to tell us something about the method of supplying trained nurses for the sick poor in Ireland?—Well, we have had a good deal of difficulty, but I think we have now established a proper system; but we still have a good deal to do. We had trouble for a long time in getting the Guardians to recognise the necessity for skilled nursing in workhouses. They had been accustomed to a somewhat rough kind of nursing in their own homes, and they thought that what was good enough for them was good enough for paupers, and so there was great difficulty in persuading them that highly trained nurses were necessary at all, and pauper nursing prevailed extensively up to 1890. Up to that time a nurse was not recognised as a Poor Law officer whose appointment required the approval of the Local Government Board; she was one of the "assistants," whose appointment was left to the Board of Guardians. That was the state of affairs up to 1890, and then we issued a Circular to the Guardians, stating that we found the state of nursing in workhouses extremely bad, and called their attention to the desirability of having improved nursing. Not much improvement followed that, and then (in 1893) we issued a further Circular on the subject of probationers, and this Circular was not a success. We recommended to the Guardians a course of action which

subsequently proved to be rather unfortunate. We pointed out to the Guardians that owing to the great difficulty that might arise—

3127. Can you leave a copy of the Circular?—Yes, I will do so. The substance of it was that in the event of there being any epidemic we suggested to them that they should employ probationers, that the Guardians "might select a limited number of suitable persons willing to enter their service for training, and the Local Government Board feel assured that if Boards of Guardians appointed a few young women as probationary nurses in the hospital and fever wards of each workhouse, the medical officers in charge and the regularly-appointed nurses would be found willing to afford them such practical instruction in the nursing and care of the sick as would in some degree qualify them to attend the sick poor in any epidemic which might arise. The Guardians are aware that under Article 24 of the General Regulations they are empowered to appoint temporary assistants, and the Local Government Board will be prepared to sanction any reasonable expenditure undertaken in order to carry into effect the suggestion contained in this Circular. The Local Government Board avail themselves of this opportunity to point out that they have frequently found it necessary to remonstrate with Boards of Guardians in respect of the selection of untrained persons for the responsible post of hospital nurse."

3128. What was the result of that Circular recom-

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mending probationers?—It led to the appointment of a good many probationers throughout the country. They took office at very small salaries in the mistaken hope that the instruction they would get in the workhouses would fit them to take charge of the workhouses as nurses. This did not turn out to be the case. In the small workhouses the class of cases they had to attend to was very limited, old cases of chronic infirmity mostly, and the nurses got no general knowledge of medical and surgical nursing at all. In the large workhouses the doctors and the nurses were not under any obligation to take these probationers in hand and instruct them, so that in these workhouses they became as a rule little more than wardsmasids; they went round with the nurses and really had no personal responsibility.

3129. How did it work in the smaller workhouses?—Very badly indeed. The patients were few in number, and the probationers did not get sufficient experience.

3130. Did you allow a workhouse of any size to take probationers?—Yes.

3131. How did it work in the medium-sized workhouses?—Rather better. There was perhaps one doctor, and he would very likely bring in a probationer of his own and take some trouble with her, and the nurses taking their cue from him would do so too; so that on the whole they did rather better in the medium sized workhouses. The probationer system did not meet the difficulty, and the necessity for trained nurses in these workhouses of a rather better class was so obvious that we issued a further general Order, and we for the first time included the nurse as one of the officers to be appointed with the sanction of the Local Government Board.

3132. What date was that?—The 28th of June, 1895. But we left to the Boards of Guardians the appointment of all other officers. The Poor Law Acts provide that the Guardians shall appoint so many officers as the Local Government Board think necessary, so therefore we took upon ourselves to declare that so many officers were necessary, among which was included the nurse of the workhouse. With regard to all others we left it to the Guardians themselves.

3133. You did not mention matrons?—Yes, matrons were always named in the Orders. Therefore the state of affairs after 1895 was that the appointment of nurse required the sanction of the Local Government Board, but the appointment of the assistants did not, and we left it to the Guardians to say how many assistants were necessary. We said in our Circular, "The Board of Guardians shall appoint such and so many assistants as they, with the consent and approval of the Local Government Board, shall deem necessary." That brought us to 1895. About that time there was a great demand for workhouse reform in the press, and agitations were started all over Ireland about pauper nursing, rather assuming the form of an attack on the Local Government Board as well as an agitation against workhouse nursing. The Local Government Board, it was said, ought to have done something to stop paupers from nursing in workhouses. The time seemed opportune, so we were very glad to take the opportunity we had long been waiting for of putting an end to pauper nursing. The result was that we issued a Circular stopping it altogether in workhouses, that was on the 11th September, 1897.

3134. Has that Order been obeyed?—Yes.

3135. There is no such thing as a pauper nurse now?—There are pauper wardsmasids, but not pauper nurses. This new Circular as to workhouse nursing provided that "No pauper inmate of the workhouse shall be employed as an attendant in the sick or lying-in wards of the workhouse, or upon any pauper in the workhouse who requires nursing, unless such inmate shall be approved by the medical officer for the purpose, and shall act under the immediate supervision of a paid officer of the Guardians." Therefore no pauper nurse can now be left in charge of a ward by a nurse, and anything she does is under the nurse's supervision. We knew that there would be some difficulty in this matter, owing to the Guardians being unwilling to appoint paid nurses to take the place of these pauper nurses; and that the withdrawal of pauper nurses

might lead to some trouble in emergencies; and in order to get over the temporary difficulty we put in this Circular the following paragraph:—"If in an emergency it appears to the medical officer that the employment of a temporary nurse is required for the proper treatment of any case or cases in the workhouse, and he informs the master in writing accordingly, it shall be the duty of the master to engage a person to act as nurse until the next meeting of the Guardians, and the Guardians shall pay the reasonable remuneration of the person so engaged." The effect of that Order was this—that we wrote to the Guardians (when we considered it necessary) and pointed out that the nursing was insufficient. If they said, "We consider it sufficient," we then obtained a report from the medical officer and saw what he recommended. If we concurred, and if the Guardians still declined to appoint a paid nurse, we called the attention of the medical officer to this Circular. Then the medical officer feeling he was responsible for the lives of the sick, and that he had the support of the Local Government Board acted on the Circular. So in very bad cases where the Guardians absolutely shut their eyes to the necessity of proper nurses, the medical officer frequently was obliged to certify that such an emergency had arisen in the workhouse, and he then requisitioned a nurse through the master; and the master was obliged to get down a nurse from one of these training institutions and pay her the usual fee, about 21s. per week. Then the Guardians generally saw that it was better for them to appoint a permanent nurse for £35 a year than to run this risk of having to perpetually send to Dublin for a nurse whenever a critical case occurred. This led to great changes all over the country; it did more towards helping to do away with pauper nursing than any other plan which could have been devised. Of course the effect of withdrawing these pauper nurses was that the failure of our probationer experiment became apparent; because the Guardians tried to substitute these probationers with little or no real training for a trained nurse. So we thought we ought to go a step further and induce them to appoint one really highly-trained nurse for each workhouse. In the Local Government Act, therefore, we had a clause inserted providing that out of the Local Taxation Fund we should pay half the salary for every trained nurse employed in a workhouse and possessing the qualifications specified by the Local Government Board. The qualification of trained nurse is prescribed by our last Order. We were very anxious to increase the number of trained nurses in the workhouses, and to induce highly-trained women to enter the Poor Law service. So we notified to training institutions that we were prepared to keep a register of trained nurses and to issue certificates of registration. The nurses attach a great deal of importance to these certificates. I will hand in a form of this certificate. Not only does it help them to get employment—for if they hold these certificates the Guardians know they may elect them without question—but even after having ceased to be employed by Guardians it helps them on very much, and gives them a status.

3136. Would you tell us what the qualification is?—After the Act passed we informed them that "it is proposed in due course to prescribe the following qualifications as necessary in the case of any person claiming to be a 'trained nurse' for the purposes of Section 58, Sub-section 2 (a) (ii.) of the Local Government (Ireland) Act, 1898:—"The term 'trained nurse' shall mean any person who has resided for not less than two years in a clinical or other hospital recognised by the Local Government Board, and who, after examination, has obtained from such hospital a certificate of proficiency in nursing."

3137. Then the certificate of proficiency was not given by any department of your Board but by the training school?—Yes, by the training school.

3138. (Mr. Knollys.) And by the Local Government Board, we understand?—No, we merely certify that she possesses the necessary qualifications to enable her to be registered as a trained nurse. Some time after that we were brought into Court by a Board of Guardians upon the Order, authorising the master upon an emergency to employ a trained nurse; and we were advised that we should be beaten in this particular case, because

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the medical officer had been taking the fact that there was no trained nurse or proper nursing as a continuing emergency, and acting on it week after week. We were advised that the best way to meet this difficulty would be to resume the power which had been given to us by Parliament to prescribe the number of assistant nurses which each Board should have, and not relegate this power to the Guardians. We thereupon altered our Order and we substituted this:—"The Board of Guardians shall appoint, subject to the approval of the Local Government Board in each case, such and so many qualified assistants as the Local Government Board shall from time to time think necessary." That was in order to enable us to require the Guardians, where they had only one trained nurse, and where the medical officer showed it was necessary, to put in an assistant. We found that when these highly-trained nurses came to a workhouse and saw that they had no assistants, and that they were obliged to work day and night, they were naturally not disposed to remain. We used to represent that to the Guardians that so many patients were too many for one nurse, and if the medical officer certified that the safety of his patients demanded another assistant, we directed the Guardians under this Order to appoint one. Unfortunately the clause did not say so many "assistant nurses," but so many "assistants." These Orders are law unless they are appealed against to the Lord Lieutenant in Council. An appeal of this kind was made last year by a Board of Guardians against the appointment of one of these assistant nurses. We had a very long fight for it and we brought a tremendous mass of evidence to show the condition of nursing in Irish workhouses. We proved our case fully, but the Privy Council said that the term "assistants" was too general, as it gave us power not only over the nursing staff but over all assistant officers.

3139. (*Chairman*.) Has that evidence been reported anywhere?—I think I can get it for you. I think we have a shorthand report, but it has not been published.

3140. If you could let us have a copy of that it would be useful?—I will do so. We thereupon made a fresh Order, and we put that right. That Order says:—"The Board of Guardians shall, subject to our approval in each case, appoint such and so many 'qualified nurses' to assist the 'nurse of the workhouse' in the performance of her duties as above mentioned, and generally in the nursing and care of the sick in the workhouse, and also such and so many 'wardsmaids' and 'attendants' for the discharge of menial duties in the infirmary or hospital as we shall from time to time think necessary." That Order now remains in force. It will be observed that it brings in another class of nurses, the "qualified nurse." The Order says: "The term 'qualified nurse' shall mean any person who, after examination, has obtained a certificate of proficiency in nursing from any public general hospital or workhouse infirmary and fever hospital or nursing institution, that may be recognised by us as an efficient school for medical and surgical nurses." Of course we would not recognise a very small workhouse as an efficient school, but we should probably recognise a large workhouse such as South Dublin or a large county infirmary. Therefore when a nurse, who has not the higher qualification of trained nurse, considers she has had a very good training and many years experience, and the Guardians endeavour to appoint her as a trained nurse, so as to qualify them for the Government grant, we refuse to appoint her as a trained nurse, but we sanction her as a qualified nurse. The trained nurse must have resided for two years in a hospital where there is a resident medical officer, and the qualified nurse must have been examined in any institution recognised by us.

3141. (*Mr. Knollys*.) What particular training must a qualified nurse have?—She must have obtained a certificate of proficiency in a nursing institution or in a public general hospital; we have not laid down any rule about the length or quality of the training—we thought it better not to do so; but we would not, I think, sanction the appointment of any nurse who had not had over a year. We assume that these nursing institutions would not give a certificate of proficiency to any person who had not had sufficient training. We found another difficulty in the way of friction between the master and matron and the head nurse, and this made it very

difficult to get the trained nurse to stay in many cases. So we practically took the control of the hospital out of the hands of the master and matron altogether, and the duties of the nurse of the workhouse are all laid down in this Order of the 5th of July, 1901, and our circular explains the practical effect of this. We say: "The duties of the nurse of the workhouse are now defined, and the Board have to call attention to the important change now made whereby the nurse and the nursing staff are no longer under the control or supervision of the matron or of any other officer except the medical officer and (for general disciplinary control only) the master of the workhouse. . . . In the absence of the medical officer, the nurse of the workhouse would exercise general supervision and control over the sick and over the nursing and menial staff." That works very well.

3142. (*Chairman*.) Who has control of the linen, clothing, and stores generally?—The matron in the workhouse, and as the requisition is made to her from the nurse of the workhouse she would give whatever is required from week to week, and the nurse would take charge of it—it would be put into the nurse's stores.

3143. The matron is bound to comply with the requisitions of the nurse?—She is bound to supply whatever linen is required, of course.

3144. Is there any difficulty in obtaining an adequate supply of nurses?—Well, we have not been put to the pinch yet. I cannot call to mind any cases where the Guardians have advertised for trained nurses where they have not been able to get them, if they offered a proper salary; and there certainly has been no difficulty in obtaining a supply of qualified nurses. I think there will be a quite sufficient supply of qualified nurses, because you see this Order enables us to recognise any hospital as one which might issue certificates to qualify them.

3145. Any hospital?—Yes; but, of course, we would not recognise one that we thought not fit. We would not recognise any without directing an inspection of the hospital in the first instance by our medical inspectors. Many county infirmaries, for example, are recognised by us.

3146. (*Mr. Knollys*.) Will you tell us how many unions there are in Ireland?—One hundred and fifty-nine, and a certain number of fever hospitals as well.

3147. Can you say from your own experience how far the Order with regard to pauper nursing is obeyed?—I think the Order as to pauper nurses is obeyed far better than we ever had any hope that it would be. I really do not think that there is any workhouse where the paupers are absolutely left in control.

3148. They do the nursing, but always under the supervision of the nurses, I understand?—Yes.

3149. They never, for instance, bath the patients?—No; not the sick, I believe.

3150. Nor change the sheets?—No, not without the nurses' directions.

3151. (*Dr. Downes*.) Have you any list of recognised hospitals?—I can let you know what hospitals we have recognised so far.

3152. Do you publish any list?—No, but I can let you know; we do not make any secret of it; the number is increasing every day.

3153. Is this Circular of 12th January, 1899, still in force?—That is practically superseded by this General Order—that was issued soon after the Act came into force.

3154. I did not catch the date of your last Order?—July 5th, 1901.

3155. So that your experience of your last Order is comparatively short?—It is not so short so far as the trained and qualified nurses are concerned, as it re-enacts the provisions of a former Order, but it is comparatively short so far as the separation of the duties of the master and matron and nurse are concerned.

3156. Have you had any difficulty in that respect?—We have always had very great difficulty up to the present owing to the friction between them; because the matron practically was in charge of the hospital up to the passing of that Order.

3157. You have power, I gather, to prescribe the number of assistant nurses, and you have done so?—Yes.

3158. But if the Guardians have no accommodation for the number you prescribe, what steps do you take?—Cases have arisen where nurses have been requisitioned and there has been no accommodation for them, and they have been accommodated outside rather than let the patients be without proper nursing. The Guardians would have to find accommodation.

3159. And if the Guardians refused?—I fancy an emergency would arise.

3160. I understand you still retain that power for the medical officer to call in a nurse in an emergency?—Yes.

3161. And that is your key-note?—That enables us to get over any difficulty.

3162. (*Chairman.*) That and paying half the salary?—We only pay half the salaries of trained nurses, not of qualified nurses.

3163. (*Dr. Downes.*) Are the infirmary buildings generally distinct from the main building?—Yes, but occasionally the infirmary overflows and we have to put a few of the sick in the main buildings and appoint another nurse.

3164. Who would be responsible for the nursing of the sick in that case?—The head nurse in charge of the infirmary, though they would be looked after by the extra nurse.

3165. Would that extra nurse in that case be under the matron of the workhouse?—Not in regard to the treatment of the sick.

3166. Have the Irish workhouses one common kitchen as a rule for the sick wards and the workhouse?—They had originally, but they have nearly all infirmary kitchens now on a small scale.

3167. And as regards the laundry—is there one common laundry?—Yes, generally, except where they have an infectious hospital laundry.

3168. (*Dr. Fuller.*) Have you found these certificates being abused in any way—either by being retained by nurses who had misconducted themselves or who had forfeited them in some way?—Of course we should strike them off our register—that practically is a certificate that this nurse or these nurses are on the register of the Local Government Board.

3169. Practically this is a registration scheme?—Yes.

3170. Have you found it work well?—Very well.

3171. Do the Board furnish the Guardians with a list of all the nurses on that register?—Yes, but we do more than that—if there is any vacancy for a trained nurse we should probably notify that to all our nurses who were unemployed.

3172. You do not recommend particular nurses at all?—Oh, no, we merely mention that there are persons on the register.

3173. What do you do in the case of nurses who are on the register but unemployed?—Oh, they take their chance—there is no retaining fee; they very often get into private work.

3174. As regards the approval of qualified nurses set out in these Circulars you hand in, did you intend that as a temporary measure?—No, I should say not, because although we look forward to every workhouse getting trained nurses, we think that there is a good deal of other work which might at all times be done by other nurses, the qualified class.

3175. Is it intended to recognise two grades of nurses?—Yes, we always hope that the superintendent nurses will be trained, and that they will have a certain number of trained nurses under them, and some qualified assistants and so many attendants or wardsmas.

3176. And in your scheme would the qualified nurse be eligible for the position of superintendent nurse?—She might be—we hope to have them all trained nurses by degrees, but at present I do not think perhaps we would refuse, in a small very workhouse, for instance, and if she happened to be a particularly eligible person.

3177. Have you any trained nurses as matrons of

workhouses?—No, I do not think so; there may be one or two, but not as a rule.

3178. Are you aware whether the Guardians have made the experiment of having trained nurses as matrons in the smaller workhouses?—Only in cases where she was both matron and superintendent nurse. I am afraid it would lead to friction if the matron was a trained nurse and the nurse was a trained nurse.

3179. Roughly, how many nurses do you require every year?—I should have to make some inquiry to answer that; off-hand I should say we require about five or six hundred paid nurses in Ireland.

3180. Is the number of candidates sufficient to fill the possible vacancies?—We have not found any great difficulty yet. Of course, we have not made a clean sweep of all existing officers by our Order, though we are working very carefully and very rapidly.

3181. Do you recognise male nurses?—There are some in the larger workhouses—wardsmen as a rule.

3182. As regards the bathing of male inmates, is that performed by a paid officer?—Yes, it is under the porter generally.

3183. I mean the ordinary sick cases?—Those who are not imbeciles and bedridden; the medical officer would give instructions as to who was to carry out that; if the man could bathe himself he would be told to do that, or the medical officer would probably find some convalescent to do it; we leave that to the discretion of the medical officer.

3184. As regards the working of Article IV., Sub-sections 1 and 4, setting forth the duties of the nurse, do you find that these Sub-sections work smoothly?—Yes, they were put into operation from the first.

3185. As regards Sub-section 1, "To bring under the special notice of the medical officer every patient as soon as possible after admission into the sick wards." How is that done?—The medical officer, as a rule, does not live very far away from the workhouse. If it was an ordinary case the nurse would wait until his next ordinary visit, and would say, "I have done so-and-so, it was not necessary for you to attend specially." If it were a bad case she would send for him at once.

3186. That does not go through the master of the workhouse?—Yes, it does, because it is necessary to find a messenger for it.

3187. (*Dr. Downes.*) I observe that in Article IV. it is provided "that the Board of Guardians may, with the approval of the Local Government Board, appoint the same person to perform the duties of more than one of the following offices," and amongst others the offices of nurse and matron. Have you any cases where the matron and nurse are the same person?—Just one or two.

3188. Have you any limitation as to the size of the workhouse where that would be permitted?—It is not laid down in black and white, but we should not allow it, I imagine, where there were more than say, twenty-five sick persons.

3189. As regards the tenure of office of the nurse, you schedule here eight officers, beginning with the clerk and ending with the porter, and in Article V. you provide that these officers and also any trained nurse or qualified nurse or wardmaid or attendant shall continue to hold their offices until they die or resign or be removed. Have the Guardians no power of suspension?—Yes.

3190. Have you had to hold many inquiries under that Clause?—Yes, whenever an officer behaves in an unsatisfactory manner, the Guardians can do one of two things—they can ask us to hold an inquiry or they can suspend the person; and if we do not remove the suspension, the officer is dismissed.

3191. Do you always hold an inquiry?—If it was a very flagrant case and the misconduct was admitted we might dispense with the inquiry, but I can hardly think of a case where, if an officer's tenure of office was concerned we should not give him the benefit of hearing what he had to say.

3192. What number of such inquiries have you held within the last six months?—They are very frequent.

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but particularly with regard to outdoor nursing, but not so much with regard to indoor nursing.

3193. (*Chairman.*) Do you find that the matrons comply with the requisitions of the nurses without demur?—Yes, with regard to the clothing; it does not concern them very much; they are quite satisfied to give what is necessary.

3194. Your workhouses in Ireland are very small as a rule, are they not?—I fancy that some are quite as large as English ones. There are three or four thousand people in Dublin workhouses.

3195. But the workhouses in the country districts are very small, are they not?—The smallest ones are not smaller than some little English workhouses I have seen, and, of course, there are not so many large ones—we have not so many big cities.

3196. You do not say that you have had under consideration by your Board whether it would be possible to combine the offices of nurse and matron in smaller workhouses; you have not considered that point, have you?—We have put proviso in the Order which would enable it to be done, and if there were a very few cases we should suggest that this was a case where the office of nurse and matron should be abolished and that half her salary as superintendent nurse should be repaid.

3197. You are perhaps not aware that in Scotland it is the rule to recommend that the matron should be a trained nurse where there are no more than sixty beds?—I doubt if it would work in Ireland, where we have nuns as nurses.

3198. The idea was to let the matron's duties be done by a woman of the sort of housekeeper class and let the superintendent nurse be over her in the matron's department, and be head of the infirmary; perhaps that idea has not been laid before you?—I think our way is best, to keep them separate. It is more satisfactory to the trained nurses when they come in. They perhaps feel that with their more varied training they know more about nursing than the matron who has only had experience in a small workhouse.

3199. The point is not that the nurse should be under the matron, but that the nurse should be the matron, and that the special office of matron should be abolished and the work discharged by a woman to be under the nurse. Do you think the nurses as a rule would have had sufficient training to undertake the matron's duties?—I think the matron's own duties are quite enough to keep her engaged without her having the sick to attend to; she has a great deal to do with the children and the infirm women—I think if she attends to her own duties, the laundry work and the needlework, that she cannot afford to spend much time in looking after the sick.

3200. Unless the workhouse is quite small?—Yes.

Mr. J. S. Davy called: and Examined.

*Mr. J. S.
Davy.*

3214. (*Chairman.*) Mr. Davy, would you mind telling me the exact limits of your district?—I have Kent and Sussex and a bit of Surrey; during my official career I have had the whole of Wales, Lancashire, Cumberland, and Westmoreland, and most of Yorkshire.

3215. Can you tell us anything about the dearth of nurses generally, not only in the Poor Law, but in other branches?—I should think there was without doubt a greater demand for all kinds of nurses than can be supplied; and it is within all our experience the difficulty of getting nurses from nurses' homes of late years, during epidemics of influenza and so on.

3216. You think that has grown more out of the greater requirement for nurses now than out of a falling off in numbers?—I think there are two reasons. In the first instance, people use trained nurses in their own homes to a very much greater extent than they formerly did; and the other reason is that there is a much greater demand for female labour of every kind. In my part of the world, domestic servants are almost impossible to get for a country house, and I am even assured that this difficulty has a material effect on the letting of more remote country houses. I think these considerations would affect the supply of nurses as they do all female labour.

3201. Have you laid down any qualification for a superintendent nurse? You say you hope that they will be trained nurses; have you made it a qualification?—We have not said so in black and white in our Order, that the superintendent nurse shall be a trained nurse, but we should only sanction an untrained nurse if she had a considerable amount of experience as a qualified nurse.

3202. (*Mr. Knollys*) Can you say approximately how many patients there are to a nurse in the larger workhouses?—To each nurse, I believe it is about thirty, as well as I remember, of all classes.

3203. Can you say what the average pay is?—The trained nurse gets a fairly high salary, from thirty-five to forty pounds and rations; the certificated nurse gets that, and the qualified nurse would probably get from twenty-five to thirty-five.

3204. (*Dr. Fuller.*) Have you any standard of linen supplied per bed for bed linen or body linen?—No, we leave that altogether to the medical officer, but we find that in all unions where there are trained nurses, the standard is fairly high.

3205. Would you say more than four sheets per bed?—Yes.

3206. Then as regards the linen supply in charge of the nurse, is there any security on the part of the nurse for the proper control of that linen?—She does not give any security—she is not one of the officers who has to enter into a bond for security.

3207. We find that in some workhouses the linen supplied disappears, and that is a constant source of friction?—Do you take stock regularly?

3208. That is supposed to be done?—We arrange that the stock shall be taken before each half-yearly audit.

3209. Complaint is very often made in English workhouses that the nurse asks for more linen than she wants, and that she cannot produce the linen she has had?—I should think that would be a very grave case. Where a nurse could not do that I think we should have an inquiry.

3210. By the officers of the Local Government Board—not by the Guardians?—Yes, by our inspectors.

3211. You spoke of medium-sized workhouses—what size would that be?—About 150 to 200 would be a medium-sized workhouse.

3212. Do you propose to recognise a medium-sized workhouse as a training school for nurses?—The size would not be the only thing; there would have to be a trained nurse, and a certain number of beds constantly occupied.

3213. You would not depend on the number of beds entirely?—No.

3217. Do you think female labour is migrating into the towns for the sake of the amusements of the towns?—I think so. The rapid growth of urban and suburban populations makes a greater demand for young women in shops and other employments. As a matter of fact, there are no able-bodied women in the workhouses in my district at all. In many workhouses, where I used to advise them not to have steam power in the laundries because it would take away a useful form of hand labour, now we have to either use steam power or employ paid labour. There is hardly a large workhouse in my district now where we do not employ labour—in one workhouse 40 paid women are employed.

3218. This dulness of country life of which you speak applies with equal force, I suppose, to country workhouses?—Yes, especially in my district, where many of the workhouses are right out in the country, far from railway stations, and in some cases far from villages.

3219. Have you in your district any actual want of nurses?—No, I cannot say that I have. The Guardians advertise, and they get only a few applications, but I do not think there are any places where there is an actual deficiency or complaints. The medical officers are now beginning to understand that they are responsible, and, to meet the temporary want of permanent nurses,

the Guardians have had to go to the nursing institutions, of which we have some very good ones in the district.

3220. I suppose they can be obtained by increasing the salaries and improving the conditions generally?—Of course money will tell in the long run; and if you pay sufficiently you will get the nurses ultimately, but I do not say it will have an immediate effect. Of course, as in every other employment or transaction, if you are prepared to pay you will in the long run get what you want. But I think there is even more in making the position of nurse more comfortable altogether. In that matter, the Guardians have made very great strides recently in my district. I am always impressing upon Guardians, when they have to do any building, that they should build separate nurses' quarters. The nurses' rooms in the old buildings are often very uncomfortable, and sometimes noisy; the night nurse cannot get her proper rest.

3221. You think the difficulties have been exaggerated?—I think the difficulties have been to a large extent exaggerated. I think there was a sort of popular enthusiasm in favour of nurses—trained nurses and nursing, and a good many people took that up as a sort of craze (though perhaps that is hardly the right word, as they did it from a good motive, no doubt), and they thought it very important that the nursing should be made a matter of the first consequence; and consequently some newspapers and societies are running the nurse as against not only the master and matron, but as against the medical officer. I believe that has given the nurses rather an undue sense of their relative importance to the rest of the workhouse administration; and I think it has rather upset workhouse masters and matrons and Boards of Guardians and medical officers. I have known medical officers who were positively jealous of the appointment of a superintendent nurse, thinking that it would interfere with their administration in some way or other; we all know that there is a tendency with people who know their own work well to rather exaggerate their position, and do work that does not properly belong to them.

3222. You do not suggest that any great change should be made in the position of the superintendent nurse?—No, though I do suggest various changes. But I do not think that the Board should deal with the nursing question as being an all-important question standing by itself. I think we should consider the general effect on the whole Poor Law administration before we introduce any revolutionary changes with regard to nursing. There are large questions, questions of the first social importance, that hang upon it. For instance, there is the very large question of attracting persons who are in no sense paupers into the workhouse infirmary; rightly or wrongly, that is a process that is going on. If we dissociate the infirmaries from the workhouses and turn them into what are practically state-aid hospitals, as is done more or less in London, we shall accelerate that process; this is a point that demands careful consideration.

3223. Do you think that if the nursing is made too good, there will be too many occupants in the infirmaries?—I do not say that the nursing can be made too good; I do not think it can; but if the workhouse infirmary is looked upon as not being an integral part of the workhouse, but as being a kind of state-aided hospital, then I think that a serious question arises for consideration.

3224. That is an objection to the separation of the infirmary from the workhouse, but not an objection to improving the nursing?—No, certainly not. I say the nursing ought to be as good as possible, but you have to consider these subsidiary questions before you make any revolutionary changes.

3225. Could you separate the infirmaries in most cases?—I think where you have infirmaries of very considerable size, you might separate them from the workhouse. But though I can understand that the complete separation of the infirmary from the workhouse might have many advantages in the way of making administration easier, yet incomplete separation does no good at all. Supposing as in one case, you separate the infirmary from the workhouse, but leave the infirmary washing to be done in the workhouse laundry. You can raise a pretty big dispute over that part of the

administration between the matron and the superintendent nurse.

3226. In how many cases could we have separation?—In comparatively few. This Return might be useful to the Committee. It was prepared for another Committee (on Workhouse Accounts) of which I am Chairman, and it shows the relative size of all the workhouses in the country. Fourteen per cent. of the workhouses of the country have less than 50 inmates, 42 per cent. have less than 100 inmates, 68 per cent. have less than 200 inmates, and only 15 per cent. of the workhouses have over 500 inmates. I do not know exactly where the number would come at which complete separation would be possible, and indeed figures themselves would not show it, because workhouses vary so much in their surroundings and in ways that could not be indicated by the mere number of inhabitants. But still supposing that the number 250 was taken, you would still have 74 per cent. of the workhouses to whom separation would not be applicable, and in a large proportion of the remaining 26 per cent. separation has already taken place.

3227. What figure would you put it at yourself?—I mistrust figures very much in local legislation. I think we in Whitehall are apt to go too much by figures, regardless of local circumstances as, for instance, the difference between the country and the town; the number of children in the house, and so on.

3228. The Board do not go by numbers now, do they?—They do in some of their Orders—they are giving it up.

3229. They do not go by numbers as regards separation?—No, it is generally some temporary circumstance—the individual character of the doctor or medical officer or of the master or of the matron—that starts the question.

3230. You consider that the indiscreet interference of people only slightly acquainted with the Poor Law has done harm, do you not?—I think so, I do indeed.

3231. Do you see advantages in having the matron a trained nurse whether there is a superintendent nurse or not?—I do. In the first place a matron is usually appointed not because she is a woman of any skill or experience but because she is the master's wife; and so the Guardians as a rule have no guarantee that she has any training of any sort or kind. To go through the training of a nurse means at all events a certain amount of experience in administrative work—that is to the good. Then if the matron in a small workhouse is a trained nurse you always have a guarantee that if a difficult case comes in (and a difficult case may happen anywhere—that is one of the most troublesome points in workhouse administration) she is there and she knows what to do. I could show you a good many cases where we have matrons of the utmost skill and nursing qualifications; they do their work admirably and keep the charge nurses in order.

3232. Could you give us some particulars as to the number of matrons in your district who are trained nurses?—About half of them, I think.

3233. You will, perhaps, put in this statement?—Yes, but it is only approximately accurate.

3234. You say that in your district about half the matrons, or rather more than half, are trained nurses?—Yes.

3235. Out of 47 matrons 26 are trained nurses?—Yes.

3236. And I suppose in many instances there are not any superintendent nurses under them at all?—I think I have only two cases where the matron is also superintendent nurse, though I hoped to have more. I made a sort of special appeal at the time the Nursing Order was issued that these trained matrons in my district should have rather more latitude than perhaps in other districts, but the Board at that time were of opinion that matrons had enough to do without being superintendent nurse, and the consequence is that I have only two who are superintendent nurses. But the advantage of having the matron a trained nurse does not by any means end with the possibility of her being made superintendent nurse. You see it gives her

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administrative training, it gives the Guardians a guarantee of having a competent nurse on the spot always. In the larger workhouses it give the matron more authority over the charge nurses, and where there is a superintendent nurse I believe the matron gets on better with her if she knows the work.

3237. Could you give us your opinion as to the size of the workhouse in which the matron might also be superintendent nurse?—I should think the matron could very well be superintendent nurse up to about 60 or 70 in the infirmary. But there again the size does not tell the story. In the country I have suggested to the Guardians that it was quite possible to give the matron an assistant matron to relieve her of some of the duties of the house, so that she may have time to be superintendent nurse as well.

3238. The assistant matron being more of the servant class, I suppose?—A woman capable of looking after the linen and the general household management.

3239. Do you find that your Guardians appreciate your remarks on that subject?—I am sure they do, I am quite certain they do; they all seem to me to see the sense of it, and unless they have some special reason for appointing some friend of theirs, they almost always endeavour to get a trained nurse as matron when there is a fresh appointment.

3240. The matron is generally the master's wife; do you think there are sufficient trained nurses married to people competent to be masters to fill the places where there are less than 60 inmates?—Yes, I think so. I notice that many workhouse officers marry trained nurses.

3241. Do you think it would have a good effect as regards the master, that we should have a better class of master?—I am not disposed to make any general remarks about the man who is going in for an occupation of that sort. They vary from the professionals who begin as assistant masters in London down to the farmer who has got into low water. I may say that quite a considerable number of the daughters of masters and matrons are now becoming trained nurses in order to become superintendent nurses; I have three in my district now.

3242. Have you any case where the matron is also superintendent nurse?—Yes, I have two.

3243. Would you tell us the size of the workhouse in which those two are who combine the two offices?—One is about 250 and the other is about 400, I should think.

3244. Well now, have you had any difficulty there as regards this one woman not being able to carry out both offices?—No, I have not.

3245. In a case where there are 400 inmates you have not seen any reason to suppose that one woman would not be able to fill both those offices?—No. Of course everything depends upon the woman, but inherently it is not impossible.

3246. Is there in that case an assistant matron?—Yes.

3247. Your decided opinion appears to be that if we made a limit of 250 within which the two offices might be filled by the same person that there would be a sufficient supply of women who were trained nurses who could undertake the matron's office as well?—I think so, and I am sure you would get more and more as time went on.

3248. Have you known objections raised on principle by Guardians to such an arrangement?—No.

3249. The Guardians in your district rather lean to it, do they?—Yes, certainly. I may say that there was no doubt a good deal of friction and misunderstanding when this Order was brought in, and the fact that the superintendent nurse had a permanent tenure of office has made the Guardians very shy of touching the appointment at all; but that feeling is wearing down. It was to a large extent a misunderstanding based on the solid objection to having one more officer whom the Guardians cannot get rid of, and partly the attacks which were made on the position of the master. The masters felt themselves aggrieved and the matrons felt themselves aggrieved, and very naturally. They were always reading in the newspapers about untrained

matrons, and "the coarse woman of the grade of a housemaid," interfering with the highly trained nurse; and I think that masters and matrons felt that they were rather held up to unjust obloquy, and so a sort of prejudice against trained nurses arose. But that is wearing out and must wear out.

3250. Are you aware of the economy of having the same woman in both the offices of matron and superintendent nurse?—If she does her work well, but a neglectful matron is a very expensive officer.

3251. But a superintendent nurse and a matron must be more expensive than a matron superintendent nurse and an assistant matron?—I suppose so, as far as mere money goes.

3252. Have you heard a good deal about having specially trained nurses for the Poor Law service?—On the whole I do not like the proposal. I am afraid that if you have them specially trained for the Poor Law you will get Poor Law nurses earmarked; and possibly they might be of inferior class. I am always very strongly of opinion that workhouse infirmary administration should as far as possible now be quite free and open, and brought up to the same level as hospital administration, so far as the sick are concerned. And I do not like the scheme of having special nurses for that work, and for that work alone. I would much rather that they had, some of them at all events, gone through some other experience. I think they would be better officers, certainly for the higher posts.

3253. But then in the hospitals you have a different class of case. There is not that enormous proportion of people who have nothing but old age the matter with them?—If I could get attendants for the old and infirm I should use attendants to a great extent; for my experience is that if you have proper attendants for the old and infirm you lessen the numbers in the infirmary very considerably. I mean to say in ordinary workhouses you are told that there are so many sick there. Well, the fact is generally that not 10 per cent. of them are acutely sick, and perhaps not 25 per cent. of them require what we call nursing. They are merely old people who would be looking after themselves in their own cottages if they had outdoor relief; but because they happen to be in the infirmary they are classed as sick. If you could make a better classification of the old people you would lessen the nursing problem considerably.

3254. You would get them from the ranks of the outdoor paupers—these attendants?—No, you want a kindly woman who has had some sort of training like the Meath attendants. Possibly the Board might recognise attendants for the old and infirm as a separate class of office. We should have a good many more of those attendants now, only they would be classed as nurses, and might therefore compel the Guardians to appoint a superintendent nurse.

3255. As to the present conditions of appointment of superintendent nurses, what do you say about them?—That is a point on which I hold pretty strong views. In my view the number of nurses compelling under the Order the appointment of a superintendent was altogether wrong. In a normal small infirmary there is a male and a female side, each with a day nurse with one night nurse—that would be three. One of these has to be called a superintendent nurse, but she is not really a superintendent in any way. She has still the routine work of nursing to do besides looking after the two others. The result of that has been in many cases that a good charge nurse having been appointed superintendent nurse, ceases to do her charge nurse's work properly.

3256. What remedy do you propose for that?—The remedies I should propose would be two. I should say that where you had a workhouse with three nurses, that is to say of such a size that you must have a night nurse, the Board should put pressure on the Guardians that one of those nurses should be a qualified nurse, without specifying exactly what the qualifications should be, except that a competent knowledge of midwifery should be necessary. Then in every case the Guardians should be told that where they had more nurses than three they should appoint a superintendent nurse, not that they *must*, but that they *should*. Then if the medical officer or the Board's Inspector reported

that a superintendent nurse was necessary, steady pressure should be put upon the Guardians, but the Department should give up the hard and fast rule. I want, as far as possible, to throw the whole of the responsibility on the one man who is capable of discharging it, and that is the medical officer. The medical officer is the sole judge of the kind of cases under his charge and of their necessities. It is no use to attempt to judge by a mere return of numbers. There is only one man who can judge and that is the medical officer. I would make the medical officer entirely responsible for the nursing; he is responsible now for getting any emergency nurses, quite independently of the Guardians. The responsibility should rest on him more than on anybody else subject to the Guardians. The regulations of the Board which fix numbers must come to grief, because they do not make sufficient allowance for the inherent differences in the character of each workhouse. I think the question for the Board is a difficult one, and I cannot see that there is any better solution than to take up the position of putting the responsibility on the medical officer and the medical officer alone. Any other position seems to me impracticable. I think I know my district pretty well, but what use am I in such a matter? With all my experience I know I could do nothing unless I had the medical officer and the Guardians with me.

3257. I gather then that your view is that no general rule should be laid down by the Board, and that everything should be left to be settled between the Inspector and the medical officer?—That is so. I believe a superintendent nurse should superintend. I believe half the mischief has come where you have a superintendent nurse who either has to neglect her nursing work or has to neglect her superintendent nurse's work. Again, I think that the life tenure of office of the superintendent nurse has been most mischievous.

3258. You object to the fact that they cannot be dismissed, but would your objection be removed if we make it that the Guardians can suspend them as they do any other officer? Or do you wish the Guardians to have power to dismiss them altogether?—I know I am entrenching on a question which it would take a good deal of time to go into. I think myself that if it were understood that if Guardians expressed a desire almost unanimously to get rid of a superintendent nurse and the Inspector of the district were to certify that he knew the circumstances, and that the decision of the Guardians was the honest opinion of the considerable majority of the Board, then the Board should give effect to the resolution of the Guardians and dismiss the officer in case she did not resign.

3259. Does that apply only to nurses?—We are only on nurses now, and it is just as well to keep it to the nurses. I know that it is a question in which there is a great deal to be said on both sides. With regard to the nurses, if the officer appeals to this Board your only remedy is a sworn inquiry, and you put the Guardians in a terribly awkward position. If you have a sworn inquiry you have to make specific charges, you know the sort of thing. How can you make specific charges where probably the cause of the evil is a disagreement in temper—incompatibility of temper I believe is the classic word—between the matron and the superintendent nurse. You have to go into the most ridiculous and minute details of these two women's quarrels. The result is that you may have to keep two people whom everybody knows cannot get on together; you cannot dismiss the matron because you dismiss the master too, who is probably an innocent bystander. And the master has the same right of appeal to this Board. The result is that the Guardians have no remedy. In my house I know very well if two servants are continually quarrelling one or both has to go.

3260. I suppose you have an inquiry?—Hardly. But here in this case you have a difficulty which from its very nature cannot be settled by sworn statements.

3261. You suggest to the Committee that we should make a superintendent dismissable by the Guardians without an inquiry by this Board?—Yes; or better, that it should be understood administratively that if the Guardians say that they wish to get rid of a superintendent nurse, and it is apparent on the face of it that

their decision was arrived at honestly, that the Board should give effect to it. For the purposes of convenience there is a great deal of difference between that and an inquiry.

3262. Do you think that country Guardians appreciate the value of nurses as they ought?—They are getting to appreciate it more and more. That is certain.

3263. Do you think they are willing to give the trained nurse all that she ought to have in the way of appliances?—If the medical officer backs her up—certainly.

3264. But don't you think the superintendent nurse's present position gives her a better chance of getting what she wants?—I don't think so.

3265. But if she were dismissable by the Guardians without an inquiry by this Board her position would be very unsatisfactory?—Not necessarily. Some reliance must be placed on the Guardians to be fair; if the nurse could not get on, and was always quarrelling, it would be much better for her that she should go.

3266. But the Board would have to inquire into that?—Not if they are satisfied that it is a *bonâ fide* case.

3267. How many inquiries have there been in your district in the last two years?—That is the only one—the East Preston case.

3268. How many in the last five?—That is the only big inquiry since the Order. But there are many minor cases which the Guardians have settled with me.

3269. Are there any duties that you would take from the matron, as to seeing that the wards are clean, for instance?—Possibly some change might be made. The superintendent nurse might be responsible for the cleanliness of the wards. Then you would have to have some formal means of the superintendent nurse requisitioning either for workhouse labour or for paid labour; and it might be made the duty of the master to put that formal requisition before the Guardians at their next meeting. Then the matron would not be responsible for the cleanliness of the wards—under the medical officer the superintendent nurse would be responsible; but the question occurs to me whether the change is of sufficient importance to make it worth while—is it a big enough change?

3270. Have the Guardians in your district ever asked for any change of that sort?—Yes, they did in one case. There were continual troubles between the nurses themselves, and the matron asked whether she could be relieved of the duty of going into the wards at all.

3271. Is there anything you would like to add to what you have said?—Well, I should like to add this: I have seen it stated that the Board should prohibit the matron from going into the sick wards at all. I think that would be a most impossible thing to do, and it would be very badly received by Guardians and by officers. The matron probably knows a good many of the people in the sick wards, and she visits them as a friend. To tell her that she is not to go inside the wards at all or see these people, or bring them books, or take any visitors to see them lest the superintendent nurse's dignity should be offended would be a most uncalled-for regulation. I have seen it advocated, and I feel pretty strongly about it.

3272. (*Mr. Knollys.*) I want to know in regard to that last point, if the superintendent nurse demanded an inquiry, and the Board consented to her dismissal without one, would it not place the Board in a very awkward position?—I don't think so; the Board have authority to dismiss anyone without assigning a reason. The system of administration on this point which I suggest was in use in this Board for many years. The Guardians passed a vote of want of confidence in an officer, and the Board being satisfied with their *bonâ fides* gave effect to their wishes. When the superintendent nurse and the matron quarrel the matter of that quarrel is usually not a fit subject for a sworn inquiry. The causes are often too trivial.

3273. Would it not be very difficult if a question were asked in the House of Commons as to a superintendent nurse having been dismissed without any inquiry for the President to defend it?—Well, I don't know; but it

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seems to me that the answer is complete. Here are the Guardians who are responsible for the administration of the union, and they are elected by the free suffrage of the ratepayers. If they are fit to be trusted practically with matters which concern more intimately than any other subject you could name, the moral and general welfare of the community, surely they may be trusted to be masters in their own house. In exceptional cases where the Board may be informed that there is great division of opinion among them, or that they are proceeding from unworthy motives, a sworn enquiry would no doubt be held. Not infrequently the Guardians ask for one.

3274. You have been talking about the superintendent nurse and the matron's offices being combined. In very small workhouses do you think it would be possible for the matron to be replaced by a trained nurse, with the object of her undertaking the nursing and acting as sole nurse, and having an assistant to relieve her of some of her duties as matron?—Yes, I think it would be a good thing, but I am not quite so sure whether it would not be better to leave that to the Board's inspectors to advise and bring pressure on the Guardians rather than to make a hard and fast rule. The object is an extremely good one, but I am not sure whether we can make a settled regulation to that effect. The Guardians in my district have very generally agreed with me in the matter.

3275. In those small workhouses are there no nurses?—Some have, but not all.

3276. The matron is the only nurse, and they get a nurse on special occasions?—Yes; that is what it comes to.

3277. Is it not in the country that the chief difficulty arises, and might not that be a possible solution of it?—Yes, that might be a possible solution of it, and things are tending that way without making regulations. I should like to say that the great difficulty is that even in the very smallest workhouse you may get some terrible case.

3278. The Guardians would have to get a special nurse?—Yes, but the case might last for years; but, of course, that is a large question.

3279. As regards the difficulty experienced in obtaining qualified nurses is not that due in a great many instances to the want of proper quarters, sufficient salary, etc., and to the fact of the monotony of workhouse life?—The Guardians have had to bring in a new system with very imperfect material; they had to provide proper quarters out of bad quarters, and in some ways the Board have not quite helped them as they might have done. For instance, as to nurses' rations, there is room there I think, or the Department to give way a good deal. The Board very properly held that the officer in charge of the stores should be fed on a fixed dictary, and should not get money in lieu of rations, partly with the intention of removing the temptation of feeding himself out of the workhouse stores and drawing the money besides. But that doctrine was made to apply to the nurses' rations, which was quite unnecessary, because the nurse has no access to the stores. The nurses, consequently, have to be dieted on the workhouse rations, and that many of them dislike extremely. In that matter the Board may give way easily. I think they might allow nurses, especially where there is a nurses' home, to have money in lieu of rations.

3280. Might not that be met to a large extent by the Board allowing the nurse to order rations up to a certain payment, provided they had them from the contractors?—Yes, that might meet it giving them rations, but leaving them some sort of allowance to buy small luxuries. That is a more important point than appears at first sight.

3281. (*Chairman.*) Has the Committee on Accounts reported against that?—No, the change would go much easier under the proposed system of accounts.

3282. (*Dr. Fuller.*) We have had evidence that the type of person applying for the post of superintendent nurse is going down, and also that the type of woman applying for the post of probationer is going down. In your experience are either of those true?—I do not believe a word of it. There are most satisfactory young

women coming up as probationers. I get very good accounts of them at Brighton and Steyning.

3283. Steyning is not recognised as a training school, is it?—No, though the medical officer gives lectures and teaches them. Some of the most excellent officers I have ever known are acting or have acted as superintendent nurses in my district; really first-class women. In some cases where we have had a great deal of trouble for years now we have got hold of the right officer. That does not look as though the type was going down.

3284. Would the prospect of becoming matron offer any inducement to nurses to remain in the Poor Law in your opinion?—Yes, I should think so; a comfortable home and a pension.

3285. In reference to your suggestion for modifying the rule as to appointing a superintendent nurse where there are three nurses, would you not make some suggestion that there should be a nurse qualified to take lying-in cases rather than one trained for three years?—Yes, there should be someone trained in midwifery.

3286. Do you think the ordinary medical officer understands his responsibility as regards nursing?—I never met one yet to whom I did not put that point as strongly as I can, and I am very pleased with the way in which medical officers have carried out that regulation of the Board.

3287. We have had evidence that the apathy which medical officers have shown in relation to their work would be a bar to improvement in the nursing in some cases?—I do not think the medical officers have shown apathy. I think the whole medical administration has changed for the better, and, as you know, I have some medical officers in my district who are not only highly-trained men in their profession, but take a scientific interest in their work at the infirmary of the workhouse.

3288. We have had before us Sir Henry Robinson from the Irish Local Government Board, who gave us a great deal of valuable information as to Irish workhouses. Would the Irish scheme be applicable in some respects as regards the relative positions of the various officers to the English workhouses?—I do not know the Irish Order; I have forgotten it.

3289. Then as to training schools, what would you suggest might be the limit of beds in a school which should be recognised as a training school?—I do not like limits of beds, but I think that in an infirmary with 300 or 400 *bonâ fide* sick persons—I do not mean old and infirm people loafing round the fire—a resident assistant medical officer should be appointed, and the training given to nurses should qualify for the office of superintendent.

3290. Then as regards the third point in the Reference as to the qualification for a superintendent nurse, you would stand by the Order as it is at the present time?—I do not want to lower the qualification for a superintendent nurse at all; except, of course, that the Board has that dispensing power, which they must exercise to meet the exceptional cases.

3291. Would you modify it by saying that the superintendent nurse should be qualified for midwifery work?—I think she ought to.

3292. Would you think that essential?—I think that as long as there is one person qualified for midwifery, that is enough. She generally is, is she not?

3293. No, not as a rule. Do you think there should be a universal curriculum for training or should each Board of Guardians set up their own syllabus of training?—I do not know anything about that.

3294. Could you tell us anything about the nursing of outdoor relief cases by workhouse nurses?—That is the Chichester system, which works most excellently. I am told. It seems to me a good plan for getting a staff of competent nurses for small workhouses in country towns which probably could not afford such staff for themselves. There all the outdoor sick are visited in regular order by the nurses who are bound to make a report on them, and obliged to administer all medicines and stimulants by their own hands. It has been good for the workhouse nurses naturally, and a good thing for the outdoor sick; and it has also had the

o somewhat surprising result of lowering the numbers on out-relief very considerably. The numbers have gone down without the Guardians having adopted, I understand, a more rigid policy.

3295. (*Mr. Knollys.*) Would you tell us exactly what the Chichester system is?—The Chichester Union is one of small area, perhaps eighteen hundred acres, perhaps eight thousand population; the workhouse is in the middle of the town. The number in the workhouse would be perhaps about one hundred. They have their superintendent nurse and two other charge nurses, and I think two probationers; and the superintendent superintends the work of the nurses. Their primary work is to nurse the workhouse inmates; besides that, wherever a medical order is given the superintendent nurse is apprised of the fact, and she herself usually visits the house of the sick outdoor recipient. She then makes arrangements for the nursing of that case by visits from the workhouse. She arranges the nurses so that some shall be in charge of the workhouse and some in charge of the outdoor. They have to visit the outdoor sick and administer all medicines, especially stimulants themselves, and they have to report upon the cases. They take it in turns.

3296. Do they have a month at a time?—Something like that. The superintendent nurse tells me that it is a good change for the nurses themselves, and the superintendent nurse is a woman who can be depended upon in every way. The nurses have to make a true report on each case to the Guardians. I do not think this plan would answer everywhere. In Chichester the areas are small, and that fact makes it possible to do it there.

3297. They have a larger staff of nurses than is actually required for the workhouse?—Yes, but they claim that the workhouse is better staffed than it would be if they did not do this, and the outdoor poor are better nursed than in any other district.

3298. And it attracts nurses to come to the workhouse?—I think that is very likely. The Guardians know more about their outdoor cases than they ever knew before. I may mention that the nurses always visit the people in uniform.

3299. (*Dr. Fuller.*) You think that this scheme may be extended to apply to unions of small area, and having the workhouse within that area?—I should like it to be extended very much, but unfortunately the unions to which it may be adapted are not very common.

3300. Do you think that classification of workhouses where this scheme could be not applied might be possible, that the sick could be sent to one of the central workhouses, where the railway could be used and which is fairly accessible?—Yes, that seems a common-sense solution of a good many difficulties, but unfortunately I have on three or four occasions had to conduct operations relating to the amalgamation of unions, and the difficulties are always so great that the Board would have to make a very vigorous move before any amalgamation at all could be made.

3301. But do you think we ought to keep nurses and nursing appliances in two separate small workhouses where common sense would suggest that one workhouse would fully meet all the requirements of both unions?—Certainly not. But the difficulty is that there is often no local support towards amalgamating the unions, and always strenuous opposition. A strong instance of the advantages of an amalgamation of workhouse is the case of the Lewes, Chailey, and Firlie Unions—all with small and inferior workhouses. We managed to amalgamate the three unions with the utmost difficulty, and now all the people are in the Chailey workhouse, which has been much improved and where they are much better looked after than ever they could have been under the old system.

3302. And much more economical as regards actual expense?—Yes, certainly.

3303. The whole of your experience goes to prove that it would not be wise to have trained nurses in all the small workhouses, but that it would be better to make a regulation to the effect that in workhouses containing 60 or under that number of sick or chronic infirm requiring nursing attention the matron should be a trained nurse?—I should say that the Board should encourage the appointment of trained nurses as

matrons, but whether it should be done by a definite Order is a point of difficulty.

3304. You lay great stress upon the fact that the medical officer is the man who is responsible for the nursing?—That seems to be the keystone of the whole matter.

3305. Have you any experience as to the salaries given to the superintendent nurses being higher than those given to matrons being a cause of friction?—Yes, but that is righting itself. Since this Superannuation Act has been passed the proportion between the salaries of the master and matron have been very much altered—more has been given to the matron and less to the master, because it is felt that, should the master die first the widow ought to have a living pension. Where a matron once got twenty pounds she now gets forty-five and the master proportionately less.

3306. As regards the administration of the infirmary separately from the workhouse, would it be possible to administer the infirmary separately from the workhouse in such a case as Brighton, and to relieve the matron of all responsibility in the sick wards?—I think that in a house of that size probably it would be possible.

3307. Would that be possible in a small workhouse?—I said that separation is not worth doing at all unless there is complete separation.

3308. But in small workhouses complete separation is not possible because of the increased cost of administration. Would it not be possible to work it by requisition orders?—No, I do not think so. If the separation is complete, well and good. But if a nurse is going to quarrel with the matron she will always find an opportunity and *vice versa*. It must also be remembered that the superintendent nurse is not an accounting officer, and if there is undue waste the auditor has no power to surcharge anybody. There must be a steward or some accounting officer to distribute stores. You cannot make the superintendent nurse responsible for the workhouse property.

3309. Do you think the situation would be relieved in some instances by putting the superintendent nurse in the position of the schoolmistress under the old regulations, that is to say, making her responsible to the master and matron for the proper administration of her particular department?—Is she not that, in fact, already?

3310. But as regards Article IV. of the Nursing Order, it is not very clear what is the position of the superintendent nurse in relation to the master and matron?—“In all other matters to the directions of the master and matron.”

3311. But that does not say whether the nurses have the right to appeal to the master and matron from the superintendent nurse?—No.

3312. Then the present position of the superintendent nurse is that she has none of the responsibility that is given to other officers in similar positions?—She is not an accounting officer.

3313. Have you known any instances where the Guardians have appointed “attendants” to act as nurses in order to avoid the appointment of a superintendent nurse?—Yes, several Boards have gone to serious lengths in order to conceal the fact that they were really appointing nurses, who were called attendants.

3314. (*Mr. Knollys.*) Would not the same thing apply as regards the matron, she is not an accounting officer?—The master has to be responsible for the matron; it is the master who is surcharged.

3315. The master is responsible for the matron and the superintendent nurse?—Quite so.

3316. Under the new regulations, if they were separated, he would only be responsible for the matron?—Yes, and she is generally his wife.

3317. (*Dr. Fuller.*) Not always. Would you suggest that in certain cases the Guardians should have the power, subject to the Board's approval, to separate as far as possible the administration of the workhouse from that of the infirmary?—Yes.

3318. That there should be no hard and fast line laid down, but it should depend upon the Guardians, who might wish to separate the infirmary administra-

Mr. J. S. Davy.

Mr. J. S.
Davy.

tion from that of the workhouse?—They now have to apply for an Order dispensing with certain regulations in the General Consolidated Order—that is what they do. I agree that it might be better if they did it without applying for the Order, because then they could undo it. I want to know what the Board is going to do, suppose

the Guardians wish for an Order rescinding the power of the matron to go into the sick wards. They might afterwards wish the matron to resume that power. What is the Board going to do? Will they rescind their rescinding Order? I think we have too many Orders and too rigid Orders about these things.

Rev. G. E. STONE, called; and Examined.

Rev. G. E.
Stone.

3319. (*Chairman.*) You are the Chairman, I think, of the Norwich Board of Guardians?—No, Sir, I am a member of the Norwich Board.

3320. You have had some difficulty in your union in obtaining nurses, have you?—Very great difficulty, sir.

3321. To what do you attribute that difficulty?—We first attributed it to the fact that—

3322. Do you represent the views of your Board on these questions?—I wish to represent the views of my Board, and at the same time I should like to represent rather more than the Board. I should like to enlarge a little on what I have already sent to you. I think you have had a copy of the resolution that we passed of that description some time ago.

3323. Do you consider that your difficulties have arisen from the fact that you have not got a resident medical officer?—Scarcely that; the difficulties, we think, have arisen entirely from the fact that the demand is much greater than the supply, and the fact that there are so few facilities in the Norwich Union, and that there are not the appliances which the larger unions have.

3324. What size is the Norwich Workhouse? How many inmates are there?—We have in the summer time from 600 to 700, and in the winter time from 700 to 800.

3325. And how many of those would be in the infirmary?—About 150 sick cases, approximately; you will understand that our sick rooms are in the main block of the building, whilst the infirmary proper is some distance from the main block; the nurses, of course, have to cross from the infirmary to attend to the sick rooms.

3326. Your 150 covers both the sick rooms and the infirmary, does it?—Yes.

3327. You say you have had difficulty in getting nurses?—We have had difficulty in obtaining nurses; of course since 1897 we have found even greater difficulty, because before that our supply was met from the best of the pauper labour, but since 1897 we have had to discontinue it altogether.

3328. Does your Board like employing pauper labour for those reasons?—No, we thoroughly agree with doing away with it, but at the same time it has created a difficulty. And now we find that another difficulty has presented itself, and that is, when we first made up our minds to have probationer nurses we had several applications, but when they found out that we could not give them a certificate that was of any value to them (such a thing as that soon gets round), of course we found the class of probationers soon went down. On several occasions we have had to advertise more than once, and even then with very scant success. The last person we had was considerably over 21 years of age.

3329. You take them over 21, do you?—The Local Government Board sent a request that as far as possible we should not employ anyone under 21, and personally I agree with them. But, of course, from that age, unless there is something at the end of three years which will give them a status, you can quite understand they are not prepared to throw away three years in this way.

3330. Do you think that at the end of three years with you they are qualified nurses?—We should not say that they are fit to take an independent position, but we are exceedingly pleased with the results of their training.

3331. You have submitted to us this petition; I see that that really deals with the question of examination?—Quite so.

3332. That has been set before us by a great many witnesses from all parts of the country?—Quite so.

3333. Has the Norwich Board of Guardians anything to add to the petition which has been before us?—I think one point I should like to add is this, that when we take a probationer on for three years we would suggest that there should be three examinations set by the Local

Government Board, the first for the first year, the second for the second year, and the third for the third year; and that these examinations should be upon such lines as the Local Government Board suggest to make efficient nurses. In this way I think you will get nurses who will show special fitness, and by these graded examinations you will soon find out the best of them; and then we would suggest that to give them the opportunity of taking superintendent nurses' places, after they have passed through their third examination, some facility should be given for them to go to some London hospital. I think I might suggest the idea of some sort of scholarship, because many of these nurses are not at all well off. The graded examination to be after the system adopted by the Board of Education.

3334. How many nurses have you?—I understand your question has reference to charge nurses. We have one superintendent nurse, one charge nurse, and then we have three assistant nurses, as we speak of them. We took the charge nurse rather to assist the superintendent nurse, because the superintendent nurse now takes the midwifery cases—they were previously taken by a woman from outside. While I was chairman of the Infirmary Committee we had a very narrow escape of losing a woman's life through not having anyone competent on the spot, and from that time we deemed it advisable, to prevent any danger, to allow the superintendent nurse to take them. That often leads to her having night work. We therefore appointed a charge nurse at £30 a year who should be responsible in her absence.

3335. You have then a superintendent nurse, a charge nurse, and three assistant nurses?—Three assistant nurses who are all our own trained probationers.

3336. How many probationers have you?—We have five now—the last vacancy has now been filled up.

3337. Does your medical officer lecture the probationers?—No, he does not. We made an effort to get the Norwich Hospital to let our nurses attend lectures there, but they refused it at first. I have since been informed that during the past winter our probationers have been permitted to attend the lectures, but not with a view of examination.

3338. This petition contains a recommendation of your Board as to a possible remedy?—Yes, we thought there was a way out of it. We have great difficulties in Norwich. The Board is very anxious not to lower the standard of nursing at all, but we want some change made, so that when the nurses leave us they would get something that would represent not merely a testimonial such as they get now from our medical officer.

3339. What accommodation have you for your probationer nurses?—The accommodation is not satisfactory. We have sent plans to the Local Government Board, a deputation has also waited on the Local Government Board, and the reply has been that permission will be given to build a nurses' home if we will only keep in view the fact that a new infirmary must soon be provided.

3340. In your opinion your accommodation is not adequate either for the sick or for the nurses?—Did I understand you to refer to the sick?

3341. The sick wards both in the main building and in the separate block?—The fact is that now we are taking the children away from the house, and that will set free accommodation there, so that really we shall not be so cramped as we were previously.

3342. I believe in 1891 Dr. Downes made a special report on the Norwich Workhouse and the sick accommodation, did he not? Has nothing been done since?—Only that we have applied for permission to build this nurses' home, and we have taken our children out of the house.

3343. Then that report applies just as much now as it did then?—I am desirous to be frank, but I do not think we thoroughly understood that he objected so much from the sick point of view as from the nurses' point of view—that their accommodation was so bad. I remember the report—it is some long time ago, so I am not acquainted with the exact terms of his remarks, but I remember Dr. Downes made a very strong statement concerning the need for some action to be taken.

3344. (*Dr. Fuller.*) But I think the general Inspectors all feel that your sick accommodation needs to be improved from their various reports; is that not so?—I believe that they have made reports of that kind. I may say that we as Guardians have always endeavoured to carry out any suggestion the Board has made, of course with the present buildings. We have always been faced with this great difficulty, that Norwich unfortunately is a very highly rated city, and that, even with the increased valuation, we have not increased our rateable value so much as we expected. So, while we have been anxious to meet all the recommendations of the Board, we have had to keep this in view too.

3345. But unless you have the necessary curriculum, how can you have what you may deem a training school?—Of course, if we had a larger infirmary so that we could have a resident medical officer that would bring us into line with the larger unions; but our suggestion is with our present buildings.

3346. Could you give your probationers sufficient training at Norwich to enable them to pass examinations such as that held at Birmingham, for instance?—I do not see what difficulty there would be for the nurses to be trained if some local arrangements could be made so that they had their lectures; it is a question of lectures and some amount of surgical training, with a qualifying examination.

3347. Would you think that the material that you have at your disposal for training at Norwich Workhouse Infirmary would enable your probationers to be trained so well as to pass the same examination as nurses trained in Birmingham Infirmary, for instance?—I do not think they could.

3348. Do you think it is right to reduce the standard of training for workhouse nurses?—Certainly the equipment of Birmingham Infirmary is far superior to anything we have, and therefore the training must be superior, but it would be an improvement on what we have at present, because, although the building

now is simply what it was 20 years ago, the standard of training is much better than it was 20 years ago.

Rev. G. E. Stone.

3349. Do I understand that the Guardians wish Norwich Workhouse to be recognised as a training school for nurses qualified for the post of superintendent nurse?—That is for the Local Government Board to say, it is only for us to recommend it.

3350. Assuming that there was a standard of training fixed, do you think that the Norwich Workhouse Infirmary would be able to comply with that standard?—We would do our utmost to fulfil the demand.

3351. Could you, with your present accommodation and arrangements?—Not unless we could have a nurses' home and utilise the present buildings.

3352. Have you seen other workhouse infirmaries that are recognised as training schools?—I have seen Middlesboro'—I think that is one; and I have seen Bradford; of course we have nothing equal to Bradford.

3353. Is there any reason why the sick should not be looked after at Norwich as they are at Bradford?—There is no reason at all—everyone wishes to give them the best possible treatment, but there is no comparison between the two institutions, either in the number of sick patients, or in the ability of the city to bear the burden—Norwich has not half the rateable value of Bradford.

3354. I understand that you have been taking probationers since 1897? Have you taken any steps during that time to have those probationers trained?—We have endeavoured to do our utmost to have them trained by seeking the assistance of the Norwich Hospital, but they refused.

3355. Have they been trained in any other way?—Only in the local workhouse.

3356. Have you taken any steps to induce your medical officer to give them lectures?—We have suggested it to him.

3357. Nothing more?—Nothing more; we should be pleased for him to do it.

3358. Would it be possible (should Norwich have a resident medical officer) for arrangements to be made for the treatment of the out-door sick by the medical staff of the workhouse?—We have now eight medical officers in the city—we have thought that that number could be reduced—and that there was a big expense in this direction that was hardly necessary, and that might be reduced in some way.

Mr. A. H. BONSER, called; and Examined.

3359. (*Chairman.*) Mr. Bonser, you have been a member for the past 15 years of the Mansfield Board of Guardians, have you not?—Yes.

3360. And for eleven years a Vice-Chairman of the Board and Chairman of the House Committee?—Yes.

3361. Your suggestion is that we should recognise your infirmary as a training school for nurses—is not that so?—Yes, we give a training which we think should be recognised.

3362. What is the size of your infirmary?—We have 171 beds at the present time.

3363. And you have nurses' quarters, lying-in wards, and a doctor's surgery and consulting room?—Yes, we have an excellent administration block.

3364. What is the daily average of patients?—About 130 is our daily average.

3365. And of these, how many are chronic cases?—The master told me the other day that the average of chronic cases is 50 or 51.

3366. You have a certain number of minor operations every year, do you not?—Yes, about 30 or 40, and about 30 confinements.

3367. At present you are dealing with tuberculosis, are you not?—We are. In an elementary way we treat these cases in the corridors, but we have the permission of the Local Government Board to spend about £1,500 to provide proper wards.

3368. I see here that your staff is one superintendent, three charge nurses and five probationers, all of whom

you have trained yourselves except the superintendent nurse?—Yes, our ideal staff is fixed at four charge nurses and four probationers; but one charge nurse left us, and we felt that as we had a probationer just completing her third year—we thought it was better to promote her.

3369. Your medical officer is not resident?—No.

3370. And also I see he holds the post of medical officer of health for one of the districts?—Yes, he does. Of course Mansfield is sufficiently large to warrant such an appointment.

3371. With these two offices does he give you his whole time?—No, he has a large practice, but of course he has two partners, so that he is able to give a good deal of attention to our work. His daily round in the infirmary takes him about two and a half to three hours a day, apart from his lectures.

3372. You pay him for his lectures, do you?—Yes, £20 a year, expressly for training the nurses, with the permission of the Local Government Board.

3373. How many lectures do you give?—Two lectures a week for 25 or 26 weeks in the year; but as a matter of fact, he gives more than that; he has given as many as forty. He is exceedingly good in that respect.

3374. The course comprises elementary anatomy, physiology, &c., does it not?—Yes, we have a skeleton for demonstrations, and we have also a most interesting thing, a mannikin, which opens out in sections and discloses the whole of the internal organs.

3375. I see that you also teach elementary medicine, midwifery, and pathology?—Yes.

Mr. A. H. Bonser.

Mr. A. H. Bonser.

3576. The superintendent nurse also gives demonstrations, does she not?—Yes, she does, in bandaging, cooking, and all that sort of thing.

3577. Before you started your training school, you could not get nurses at all, could you?—No, we could hardly get nurses for love or money. We spent as much as £20 or £25 in a year without getting any. We used to have to take any girl who looked a likely body, who had perhaps nursed an invalid mother, and we were glad to appoint her, because we could not get any other. Often we have appointed a young woman who had had no experience at all, and made her a charge nurse at £25 a year straight off the reel.

3578. Now you get plenty of applicants for your vacancies amongst the probationers?—Yes; the last time we advertised for three probationers, we had 18 or 19 applications.

3579. In spite of the fact that it was known that you had not a resident medical officer?—Yes.

3580. Do you find that they are of a better class?—Oh, undoubtedly, very much superior girls better educated, more refined, we get hold of quite a different class now, and they are all very glad to come.

3581. You have your probationers examined by an outside doctor, do you not?—Yes, we asked the Local Government Board to send down an examiner, but they said they could not do that at present, and your inspector from here advised us that probably the best way would be to affiliate ourselves to some institution that was training nurses, and get their medical officer to come down. It was thought that perhaps the medical officer of the Nottingham Hospital would come down and examine our nurses, and he now does so. Mansfield is a growing place—it has about 20,000 inhabitants.

3582. Then Mansfield cannot be considered what you may call a country workhouse?—Well, I should not call it a town workhouse.

3583. (*Mr. Knollys.*) Do you propose that the training you give your nurses should qualify them to become superintendent nurses, or that it should qualify them as ordinary nurses?—I am prepared to assert that our training, although we have not a resident medical officer, is quite as good as any that is given in infirmaries in London, where they have a resident medical officer. All we ask is that you will send a competent man to examine them, and let them be put to the test; but we are quite sure that there is no workhouse in England where nurses are better trained than with us.

3584. Therefore, you want it recognised as a training school for nurses?—Yes; of course we feel there is a difficulty. They say it is very hard lines that they should give three years to us at a very small salary—as you see—and when they have had three years' training they should not be recognised by the Local Government Board, and that they should not be eligible to occupy positions of responsibility as superintendent nurses.

3585. You take care that they know that when they first come?—Oh, yes, we make a point of telling them that, but hold hopes out that the Local Government Board will vary their Order.

3586. Do you think there are a sufficient number of cases in the Mansfield Workhouse to give them a practical training?—Yes, we do. We have about 500 cases go through our institution every year. We are in a mining district, and we occasionally have bad cases of fractures, which sometimes necessitate operations, and all the probationers are expected to be present if there is anything of that sort.

3587. How do you arrange about the administration of your sick wards—how far is the superintendent nurse responsible for the administration?—She is entirely responsible, under the medical officer.

3588. Is the matron responsible in any way?—No, the superintendent nurse has entire control and authority, subject to the orders of the medical officer. I think that is a moot point. I know many masters and matrons rather resent the fact that they have no authority in the infirmary, but our superintendent nurse has been with us for 16 years, and she and the matron get on so well together that we have never had the slightest difficulty. But we know there is a good deal of friction on this point in other unions.

3589. Has your superintendent nurse time to deliver lectures as well as supervise the nurses?—Yes.

3590. Who examines the probationers on the practical side of the nursing?—Well, it is supposed to be conducted by the doctor from the Nottingham Infirmary.

3591. But is there no examination by a matron?—No, we have no examination by a female at present, but I think that would be rather desirable.

3592. How do you test their practical knowledge?—I have never been present, but I presume they are put through their paces by the medical officer. That is the greatest difficulty we have had—the examinations. We consider that the Local Government Board should decide what is the best method of examining these girls; we want to ensure that their certificates shall be of value to them. Of course, we told these girls that they should have these certificates, but it is no good going on if the certificate is of no value to them.

3593. Do your Guardians understand that there is very great demand for ordinary nurses in workhouses?—Yes, undoubtedly there is; in many small workhouses there is very great difficulty in getting nurses at all. We anticipate that our overflow—of course, as time goes on we shall have more nurses qualified, and then our overflow will be able to go to some of the smaller workhouses round about.

3594. Do your Guardians understand that the Board have a dispensary power which they could exercise, supposing your nurses were to apply for the post of superintendent nurse—a dispensary power which they do sometimes exercise?—I do not think we knew that was so; they would be rather interested to know that.

3595. I put it to you that the demand for nurses, or the difficulty in meeting the supply of workhouse nurses, is not so much a difficulty in obtaining superintendent nurses or probationers as the ordinary charge nurses. It seems to me that your infirmary is particularly well suited in all respects to meet that demand?—Yes, undoubtedly it is.

3596. And I put it to you that your nurses going away and occupying the position of charge nurses in any workhouse infirmary, after they have been there two, three, or four years, as the case may be, if they then apply for the position of superintendent nurse in a small workhouse, the Board have never observed any hard and fast rule as regards the appointment of such nurses?—But still the fact remains, and there it is, that these nurses are not recognised as eligible for such appointments, simply because we have not a resident medical officer.

3597. Of course you recognise that nurses should receive the best possible training?—Certainly.

3598. And you give it at your infirmary?—I believe we do, honestly. I am almost certain that there is no workhouse in the country where the nurses are better trained than with us.

3599. Therefore it follows that your workhouse infirmary is really doing a very great amount of good in that way?—Excellent; there is no doubt about it. We regard it as the most successful thing we have taken in hand.

3600. But if you can secure this good type of woman, what more do you want?—Only that we have promised these girls to give them a certificate after their three years' training. As the matter now stands these certificates are of no value; they do not take rank in the larger workhouses.

3601. Have you had any instances in which your probationers have been refused?—No, but it is only three years last September since we started, so that we have not been going sufficiently long to have an overflow. Up to last year we had one very good staff nurse from Sheffield. She had been used to a big institution where there were a great many nurses, and she got a bit dull and went away. Then we put one of the longest trained nurses in the position of charge nurse.

3602. Have you now no charge nurses except those you have trained yourself?—No, we have three charge nurses at present, and one probationer in her third year.

3603. Do your charge nurses have to train the probationers that are under them?—Yes, each charge nurse has a probationer; that is how we work it; our ideal scheme is four charge nurses and four probationers. Of course, the superintendent nurse takes the supervision over the whole, and gives demonstrations and lectures from time to time in her department—nursing, bandaging, cooking, and all that sort of thing. We give all these nurses a uniform, both outdoor and indoor. We expect them to go out in their proper uniform which we provide for them; we give them summer and winter, indoor and outdoor uniform.

3604. Do you think it would be any inducement to your nurses, supposing you were to take over the outdoor relief nursing?—Very possibly. Of course, we have a

number of nurses visiting in the different villages. In colliery districts local effort has taken up the question of sick nursing of the poor outside, and we have met them by giving a grant to every Committee that will maintain a trained nurse; we give a capitation fee of £7, provided they look after our sick.

3605. Are there any general remarks you would like to make?—I most strongly beg you to seriously consider the desirability of sending down an Examiner from the Local Government Board. It seems to me that if you have different people all over the country examining you cannot be quite sure that the same class of examination is carried on in all cases, but if you had one Examiner it would be a guarantee that the examinations were all alike.

Mr. A. H. Bonser.

Mr. H. PRESTON THOMAS, called; and Examined.

3606. (*Chairman*). Mr. Preston Thomas, there are one or two points on which we should like to hear your experience, particularly with regard to the smaller workhouses, and the difficulty of providing nurses for them. Would you tell us what your view is on that point?—Most of my workhouses—I have 47 workhouses in my district—most of them are small; most of them have less than 120 inmates; many of them have, as I said in my letter, only 20, 30, 40, or less patients in the infirmary. Then of those patients a very large number are simply put there because it is impossible in small workhouses to make a distinction between people who are infirm and people who are old. In most workhouses the sick ward is the most convenient ward for the old folk. Those two wards—the old and the sick—are, in point of fact, in many small workhouses blended to a larger or smaller extent.

3607. Have they had special difficulties lately in these smaller workhouses in getting nurses?—Yes; they have got somebody eventually after advertising over and over again and after increasing their salaries in some instances, but it has been nothing but a miserable make-shift. They have advertised, but they have been unable to get anybody even with the small amount of experience specified by the Order. They have been obliged to take somebody who has had no experience in nursing at all. When we have said, "Cannot you get anybody else," they have said, "No; we cannot"; and then we have said, "Let us have a report from the medical officer as to how this woman does her work," and the Board have had that report, and there is nothing for it but to say, "Very well." But as to any skilled nursing or *nursing* that is unskilled, these people know nothing about it. There is no one from whom they can even pick up information.

3608. What remedy do you suggest in these cases?—The only thing is, of course, to make the nursing profession in some way more attractive. What has struck me most in the various discussions about nurses is this—that women want something which will ensure them a subsistence for their whole career. Of course, everyone knows if you advertise for a governess you have 50 applicants, so the demand for employment for educated women is enormous. Yet governesses are apt to fall into great poverty; they cannot save anything, and one would think that by providing superannuation you would make nursing a career that would divert candidates from the occupation of teaching to that of nursing. The Superannuation Act has been an absolute failure in the case of nurses. They are allowed to contract themselves out of the Act altogether, and I believe they have done so very generally indeed, because the prospect of a small pension at the age of 65 is far too remote. I thought the Statistical Department would have exact information as to the number of nurses who have contracted out, but I was unable to get it.

(*Mr. Knollys*.) It is almost universal to contract themselves out.

3609. (*Chairman*.) We have had a witness before us recommending a superannuation scheme for nurses, similar to that in the London Hospitals?—Liberal pensions would be a strong bait you might hold out to them. Of course, there is the recent regulation as to Army Service nurses; you have possibly had that before you. That gives them exceedingly favourable terms of retirement. If a nurse retires from ill-health

after 10 years service, she gets 30 per cent. of her pay, and after 20 years she gets 50 per cent. of her pay; and there are provisions for her retiring. I think she may retire at the age of 50. Therefore, in point of fact, a woman going in at the age of 25, if she retires at the age of 50, has a sufficient maintenance for life. The junior nurses are paid at the rate of £30 to £35. The superior class of nurses, that is the sisters, receive £37 rising to £50. Above those there are matrons receiving from £70 to £120; and above those there are two with maxima of £180 and £300 respectively. So a woman who devotes herself to the Army Nursing Service may look forward to a substantial pension after middle age; and a similar arrangement applied to the Poor Law would be attraction enough to give you what you want—candidates for workhouse nursing. If you can tell a woman that she may have £25 or £30 a year when she is 45 or 50, or when she becomes incapacitated then she would feel that her absolute necessities are provided for. And there is the analogy of the police, who receive specially favourable terms of pension in consideration of the nature of their occupation.

3610. Would you make them contribute themselves to the scheme?—I think not. I should like to see it apart from the salary, because it seems to me there might be difficulty in framing any acceptable scheme of contributions. If within a measurable distance of time there is to be any grant such as that proposed by the Local Taxation Committee from Imperial funds to workhouses, it seems to me that a plan of superannuation for nurses is one of the most useful objects to which it could be applied. I do not enter into any details, but I think that the additional expense of this special scheme should come from Imperial funds.

3611. A scheme has been laid before us by Dr. Humphreys to combine all the smaller workhouses so as to bring their sick together into a district hospital, as he called it. Do you think it would be possible to combine them so as to bring the sick into one workhouse in that way?—I think there would be great difficulties in a country district. There was a scheme when I had the Eastern District for amalgamating the unions. But when you have a union 10 miles one way and 15 miles the other, with a market town in the centre, the question of distance alone would make it impossible. You could not take sick people a long way away from their friends, and people do not like going out of their own district, their own hundred, or whatever it is called; they value so much the amount of visiting that they get. I have been very much struck by the very large extent to which that visiting does go on and the extent to which they value it. I should imagine the difficulty of conveying patients, even those who are seriously ill, to a great distance is not so great with modern appliances as it used to be; you can move patients without difficulty over a long distance without hurting them or inflicting serious inconvenience. But there is the difficulty of taking them right away from their friends and I am sure that would be very deeply objected to.

3612. What do you think of this solution of the difficulty in smaller workhouses—that the Guardians should be strongly urged in England, as they are in Scotland, to appoint trained nurses as matrons whenever there is a vacancy, and let her get any assistance she requires on the premises or get it temporarily?—In very small workhouses that might be possible, but it

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seems to me that there is this difficulty. In the first instance you are choosing a master and matron, they run in couples. I have known an incompetent master chosen because his wife was a trained nurse, and I think you want different qualifications rather for a nurse and a matron. I do not want Guardians to be obliged to choose people who are not so well suited for master and matron because one of them happens to be a trained nurse. The matron has an enormous lot to do, she cannot really nurse, you want the matron to be thinking about organising the workhouse, all sorts of things, about the children for instance. In all country workhouses we practically have the children and shall have to have them for a good long time. I am not sure that it would be well to give the matron nursing duty. It would be difficult to make her partly responsible and somebody else partly responsible. I think the tendency is rather the other way. I should let the nurse be more responsible than she is now, and let her have less interference than she has now.

3613. But there would not be any matron, the matron's duties would be carried out by a woman under the nurse, an assistant matron or something of that sort. The woman I should look forward to would be the head nurse and the head housekeeper?—You mean she would act as nurse too, actually do the work of nursing, cleaning people, feeding people, or doing various things for the sick.

3614. In the very small workhouses—take the one mentioned this morning, with twelve or fourteen inmates?—When you get to such very small numbers as that, if you can get a trained nurse, well and good. Of course, it is now and then the case that a porter married a trained nurse and those two become master and matron of a workhouse. That may be good in particular instances, but I am not at all sure that you can make it part of a system. The personal question comes in very much about these people. I would sooner have a good master and a good common sense wife than a master who was not so good appointed for the sake of his wife being a trained nurse.

3615. Then the question is whether it is absolutely necessary to keep up two officials, one for the matron's and the other for the nurse's duties?—Of course there are a few workhouses where the two offices might be held by one woman.

3616. The Scotch Government have it where there are not more than 60 inmates.—Would they make that a *sine qua non* in appointing a workhouse master, that his wife should be a trained nurse?

3617. No; they urge upon Guardians to appoint a trained nurse in that case, and then she is head nurse as well as housekeeper?—Of course it is very difficult to express an opinion upon a thing that one has not thought over the bearings of, that has not happened to come under my knowledge. I know of two instances where the master and matron have been appointed for the sake of the matron, because she has been a trained nurse, and it has been not altogether a success in either of these two cases.

3618. (Dr. Downes.) Is it necessary that the master and matron should be husband and wife?—Yes, I think it is. You have one of two things if they are not; you either have, well there are various obvious objections, the chief being that there is sure to be either scandal or quarrelling.

3619. But do the Board's Orders require it?—Oh yes, I think the Board's Orders require it.*

3620. Is it necessary that there should be a master at all in the workhouse?—Surely it is a joint appointment, and if the matron dies both appointments are vacated.

3621. I will draw your attention to this Article 163 of the Order of 1847, which refers to the matron of a workhouse having no master?—Surely that does not touch that particular point.

3622. The only point I wanted to make was that the Order of 1847 contemplated a workhouse that had no master. I was going to ask you whether you thought that arrangement might work in small workhouses under present arrangements?—It occurs to me that if there is only a woman at the head of a house which has to deal with tramps and male persons of all sorts, it seems to me that there would be great difficulty in that. I have never heard of such a case in the whole of my experience where there has been only a matron.

3623. (Mr. Knollys.) There are two or three cases?—But surely I am right in thinking that the Order contemplates the appointment of a master and matron jointly, because the vacancy in one office involves a vacancy in the other.

3624. If they are husband and wife?—Whether they are so or not, if appointed after February, 1879. But it is considered by the Board that they should be so. That is the rule laid down, surely, by the Board; at any rate in practice I have never known—

3625. In practice it has been thought desirable?—I think there would be great difficulty in any other arrangement; and in fact every now and then where the Board have given way to the Guardians and allowed them from personal motives to appoint a master and matron who were not husband and wife, or has allowed the matron to remain with a new master, the arrangement has always worked unsatisfactorily. I have known two or three cases in which it has been done, where perhaps the master dies, the Guardians know the matron, they are favourably disposed towards her, and do not want to turn her out; they appoint, and the Board after some demur concur in the appointment of a bachelor master, but it has never worked well.

3626. (Chairman.) Then they need not be husband and wife?—It is the Board's practice to object to independent appointments of master and matron, and the fact that it is a joint appointment as a rule, and that the vacancy in one office vacates the other, shows that that is the policy of the Board.

3627. (Dr. Fuller.) As a matter of fact, you propose to throw the whole of the responsibility for the employment of trained nurses for the sick in workhouses on the medical officer—you would throw the whole responsibility for the nursing of the sick upon the medical officer?—To the extent that he has it now. I have not made any suggestion on it.

3628. Would you emphasise that, that the medical officer should be responsible for the nursing where there is no need for the employment of a trained nurse?—I have never seen a workhouse where there was no need for the employment of a nurse, with some knowledge of her duties. I should say that the nurse is an absolute necessity, particularly speaking, everywhere. For this reason I should like to see more done to facilitate people qualifying themselves. I daresay you have had before you the question of the requirement about a resident medical officer. I suppose it is familiar to everyone; I know it, for instance, from being governor of a big provincial hospital. I know that resident medical officers are not usually men of eminence in their profession, but beginners, and I do not know that the fact of an infirmary having a resident medical officer gives additional facilities for training nurses.

3629. (Chairman.) But the virtue of that provision is that it secures a big place; only a big place can keep a resident medical officer?—The phrasing leads to the inference that it is not the size of the infirmary (usually

* I had forgotten for the moment that this requirement was one of practice and not of express Order. The following passage, which I wrote some years ago, states what I believe to be the facts of the case:—"The Poor Law Commissioners considered it of great importance that the master and matron of a workhouse should be man and wife; and their judgment in this, as in most other respects, has been amply justified by experience. The General Consolidated Order of 1847 provided that where master and matron were husband and wife, a vacancy in one office should vacate the other. Unfortunately, however, a large number of exceptions have been made to this rule. The interests of the community are constantly being sacrificed for those of the individual, and when a master loses his wife or a matron her husband, he or she has been reappointed, a new matron or master has been found, and in most cases the management of the house has suffered from the divided responsibility thus caused. In very large workhouses, however, having, say, over a thousand inmates, the rule need not be insisted on."

expressed by a statement of the number of beds), but the fact of the appointment that is in question. It has been suggested, I think, that 200 patients should be the minimum for training schools, but I should have thought that, provided that the medical advisers of the Local Government Board and the general inspector are satisfied that proper arrangements can be made, very much smaller workhouses could train nurses thoroughly. People have the greatest objection, especially in the western counties—people are particularly clannish—to go away from their own county, and you cannot get girls to go far to be trained—you cannot get them to go to London or to any distance. At present, in my district, we have not a single workhouse infirmary where nurses can be trained, though there is one where the medical officer gives lectures to the nurses. Another has a highly trained and particularly good superintendent nurse, who gives lectures to the nurses on various subjects, not only of practical nursing, but of anatomy, and so on. If arrangements could be made so that in each county there were one or two places where training of that sort could be got, it would attract a great many young women who do not take to it now because there is no future for them.

3630. (*Dr. Fuller.*) How would you maintain the standard of nursing under those conditions?—How do you mean?

3631. We have had evidence that a nurse to properly look after the sick poor must be essentially well-trained. How would you propose to maintain that standard—that they should be well-trained nurses—in these smaller workhouses that you speak of?—I should think that the arrangements should be submitted to the approval of the medical advisers of the Local Government Board in each particular workhouse before you allow them to train.

3632. What about the examination?—There should certainly be an outside examination.

3633. Would the scheme which is known as the Yorkshire scheme meet your wishes?—I do not know that.

3634. That there should be an examination held at various centres, such as Leeds for the Yorkshire district?—Yes, I think so; I think an examination is essential.

3635. They propose that the examiners should be appointed by the Yorkshire College?—So long as the examiners are independent, I do not much care who they are appointed by. But I should prefer the nomination not to be local.

3636. It is proposed that Bristol should be taken as a centre for the western district; there is a medical college there, and that they would be the proper persons to appoint examiners?—I do not know; I should like to see the examination held pretty much where the training goes on or at some centre. Say there were two or three workhouses where nurses could be trained in the county of Devon, then at Exeter there should be an examination for those nurses.

3637. I did not mean to go into details, I merely meant to ask whether you thought the Bristol College should appoint examiners. If they chose to do so they could go to the workhouses where the probationers were trained; but that the College should be the authority who maintained the standard to which the nurses should attain?—I should prefer the Local Government Board to make regulations rather than give the power to an irresponsible medical school.

3638. Do you agree with the suggestion that the matron of the workhouse should be relieved of all responsibility in connection with the nursing of the sick or administration of the sick wards?—Where there is a superintendent nurse, yes. I have spent so much time in composing quarrels between superintendent nurses and matrons that I am very certain that the present arrangement, under which there is considerable overlapping, must have a good deal to do with it; I think their provinces are capable of definition. At present, of course, you have no instructions as to the duties of superintendent nurses any more than you have as to the duties of assistant nurses. If a nurse asks me what are her duties I have to tell her that I think they are to light a candle in the sick wards and to look after the sick—beyond the vague directions of the Consolidated Order

we have nothing at all. I think the time has come when I ought not to have to go back fifty years to tell her what her duties are. I believe rather in having things properly regulated.

3639. (*Chairman.*) You think there would be a practical system of administration in that way?—I think so.

3640. You think, then, there would be no trouble likely to arise between matrons and superintendent nurses?—I do not say there would be no trouble, but it would minimise the friction to make the offices distinct.

3641. (*Dr. Downes.*) Would you make it compulsory or leave it optional?—I think I should make it compulsory where you have a superintendent nurse. I do not like one practice in one place and another practice in another. I can never understand why the superintendent nurse has been put in that position, so that the Guardians cannot get rid of her during the usual year's probation. I think that year of probation is a most excellent thing, because it gives the Guardians an opportunity to get rid of an undesirable officer. For nine months after the master has been appointed they can get rid of him for no reason assigned.

3642. (*Dr. Fuller.*) Would you relieve the matron from the right to visit if she thought necessary?—No, I do not think she ought to be excluded—absolutely excluded—from any part of the workhouse.

3643. Would it be possible to put the superintendent nurse in the same position that the schoolmistress has under the present regulations, as being responsible to the master or matron for the proper administration of the department under her control. Would that meet the difficulty, in your opinion?—I have no strong opinion on that. My experience of schoolmistresses is very small; I have only two in my whole district. I am not quite sure what are the relations of a schoolmistress to a matron.

3644. Do you propose to offer any evidence as to pauper ward attendants—as to their employment in sick wards?—No.

3645. As bearing upon the nursing question?—No; of course the great difficulty is, as I said, that in small workhouses there are such an enormous number of people who are not ill at all. Lots of them are not on the doctor's books, and are simply there because they are old, and it may be handy to have them pretty near the nurse. By the figures that I have got out there are in my district 112 nurses, and the aggregate number of people in the sick wards is 1,930, that is one nurse to about 18 or 19 people. But out of those 1,930 there are only 1,218 on the medical officer's books, although in some cases people are put on his books simply for the sake of diet, or simply for convenience of record, and so on. So that the number of people on the medical officer's books is enormously in excess of the number of patients who require any medical treatment at all. As to the bed-liers, I have taken out the number of cases of people who have happened to be in bed the day I have inspected, and I have found over and over again that the proportion in bed is insignificant as compared with the proportion in a general hospital. For instance, take Penzance Workhouse, with 54 patients in the infirmary, 23 happened to be in bed on my last visit. And so in a large number of cases, far less than half are bedridden cases, and the number of cases that are put down under some general term, with no specific complaint, and with no specific disease, bear an enormous proportion to the aggregate number.

3646. Would you suggest that as an inducement to the Guardians to increase their staff, that they should nurse the outdoor relief cases in the immediate vicinity of the workhouses?—No; I should have some doubt as to how that would answer. I mean, supposing there was a case in a village two miles off, is a nurse to be taken away just when she is wanted in the workhouse? It seems to me that there would be a difficulty about it, a very great difficulty in combining the care of a special institution with the general care of an outside district, and that it would be scarcely worth while.

3647. Have you any instance where the salaries given to the nurses has proved a source of friction,

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because it was better than the salary given to the matrons?—They always put the matron a little ahead in my district. The salaries are ridiculously small, far smaller than elsewhere, of both nurses and matrons, and especially of nurses.

3648. Generally speaking, is nursing recognised as a

Mr. BALDWIN FLEMING, called ; and Examined

Mr. Baldwin
Fleming.

3649. (Chairman.) Mr. Baldwin Fleming, we should like to hear what you have to say on the First Head of our Reference, as to the difficulty in obtaining an adequate supply of nurses?—I do not know whether the Committee have had before them the relation of the different duties which are imposed upon the master and matron and the nurse under the present regulations, because a good deal turns upon that. I mean that distinctly nursing duties are, under the present regulations, placed upon the matron of the workhouse. She is, under the present regulations, really the chief nurse in the workhouse. If you look at the General Consolidated Order (which we must remember was issued in 1847, when there was practically no such thing as nursing), the only qualification required of a nurse to begin with was to be able to read the directions upon medicines (Article 165). In Article 166 we see that even this qualification may be dispensed with, but that was the only qualification, and that is the only qualification required by the nurse as the General Consolidated Order stands now. The duties imposed upon the nurse were to attend upon the sick in the sick and lying-in wards, and to administer medicines to them, and to inform the medical officer of any defects in the arrangements, and to keep a light in the sick wards at night.

3650. Do those regulations stand now?—Yes, subject to the alterations which have been made by the Board since the Order, and by the suggestions in various Circulars which the Board have issued from time to time on the nursing question ; but the duties of nurses as laid down by the Consolidated Order are simply those, and the qualification that she must be able to read and write directions on the medicines, unless the Board see fit to dispense with even that qualification. Again, there is the duty cast upon the master, and the corresponding duty cast upon the matron, of keeping partially-disabled paupers occupied to the extent of their ability, and to allow none who are capable of employment to be idle at any time. That is a possible source of friction. In some instances the master and matron have maintained that they can require patients who are able to work, needlework for instance, to work. "Partially disabled" is the word used in the Order ; the master has that power with regard to the men, and there is a corresponding power on the part of the matron with regard to the women.

3651. Has friction arisen with regard to the male patients as well as the female?—I think it is a power which ought to be withdrawn from the master in the sick wards. In these days it is not advisable that the master should be able to go into the ward and say to any sick inmate, "You do so-and-so."

3652. Have you known cases of that being done?—That is a difficult question to answer, because they are cases which would not easily come before an inspector ; they are cases in which it would be in everybody's interest not to allow it to come before an inspector in going round a workhouse, but I have very often seen instances in which I have suspected that this has been a cause of friction.

3653. But the superintendent nurses have not complained to you of it?—No ; you must remember that superintendent nurses have been only a very short time in office.

3654. Or the nurses ; have they complained?—I have had more than one complaint of the interference of the master and matron under that head, certainly. I do not know that I can quote one, but I certainly have. Then the master has to visit the male wards every morning, and all the male wards, including the sick wards, before nine o'clock in the winter and ten o'clock in the summer. In connection with this I may mention the Farnham and Basingstoke Order. I have recently

skilled profession by Guardians and workhouse officials in your district?—I know that the Guardians said only a couple of months ago, when it was a question of a nurse who had had no experience being appointed, one of the Guardians said, "Well, the less as they know the better, then we can get 'un into our ways all the quicker."

ascertained how this Order has worked in those two Unions—Farnham and Basingstoke. At Basingstoke the master tells me that it is the best Order the Board ever issued, that it has caused no friction whatever ; it has worked perfectly smoothly. At Farnham the Guardians appointed a Committee to consider whether it was working smoothly or whether it was not ; and this was the Report which was sent to me by direction of the Chairman of the Guardians afterwards :—

(See Appendix XXII.)

I think the Board may take it that that Order has worked exceedingly well in the two Unions to which it has been issued. There is the further duty on the master to send to the medical officer in the case of illness or insanity, and to take care that all sick and insane paupers are duly visited by the medical officer, and are provided with such medicines and attendance, diet, and other necessities as the medical officer or the Guardians direct. There is a definite duty put upon the master to see that the sick are properly attended to, and a definite relation established between him and the medical officer for the care of the sick. It appears to me that now this duty should be put upon the superintendent nurse rather than upon the master of the workhouse. Then, again, Article 208 (15) says that the master shall take care that no pauper at the approach of death shall be left unattended.

3655. You think an alteration is needed in those Orders?—I do not think it ought to be the master's duty to see that a dying pauper is not left unattended ; I think that ought to be the nurse's duty. I should relieve the master of that duty, and place it upon the superintendent nurse, where there is a superintendent nurse. Then as to the duties of the matron with regard to the sick. Article 210 (3) says the partially disabled female paupers are to be kept occupied to the extent of their ability. So far as the sick are concerned I think that ought to be altered. The matron ought not to have power to require anybody to be set to work in the sick wards. That should be left to the superintendent nurse, subject to the medical officer. Then the matron has to visit the female wards every morning at eleven o'clock, and every night at eight o'clock. That would be open to the same objection as the master's visit to the male wards. She has also to superintend the making and mending of all the clothes, and that is the work which has generally been given to the sick patients, where the matron has interfered in that direction.

3656. (Mr. Knollys.) And has that caused friction?—I think it has. Then the matron has to see that every pauper has clean linen and stockings once a week, and that all the beds and bedding are kept clean and wholesome. As regards the sick wards I think those duties should be transferred to the nurse. Then the matron has to take charge of the linen for the use of the paupers, and the other linen in use at the workhouse (Article 210 (10)). As regards the clothing and linen for the sick wards that should be the duty of the superintendent nurse. The matron is responsible for seeing to the washing and getting up of the linen ; that I would also put upon the superintendent nurse.

3657. Even where there is a common laundry?—I do not mean that she should see to the actual washing ; I mean that the nurse should be responsible for the things sent to be washed ; in fact, that there should be an inventory of the articles sent to be washed, and that she, and not the matron, should be responsible for them.

3658. But the matron has control over the laundry ; may not that be a cause of friction?—I was going to say that friction should be avoided in this way ; that it ought to be made a distinct duty of the matron to see

that all the washing that is required by the superintendent nurse to be done for the sick and for her own staff shall be done without question. There are workhouses now where the linen and clothes used in the sick wards are not specially inventoried to the sick wards, but are part of the general store of the workhouse, and have to be given out by the matron to the nurse as the nurse asks for them. That is a constant possibility of friction. The sick wards ought to have their own supply and an ample supply, because the requirements of linen both for bedding and for bodily purposes are very large in the sick wards, especially with cases of senile decay. That should be separate for the sick wards, and should be under the control of the superintendent nurse. She should give out the washing, and send it on to the matron; the matron should deal with it in the laundry, and send it back washed to the nurse.

3659. Suppose the matron gives her own workhouse washing preference over the washing from the sick wards, how could you prevent that: she controls the work in the laundry?—I think the Guardians should arrange, if necessary, that the infirmary washing should be given out on a certain day and returned washed on a certain day. The force in the workhouse laundry is a matter to be decided by the matron and the Guardians, not by the nurse. All the nurse has to do is to give out the washing she wants done and to have it returned to her done. That is the position I should like to see arranged. There is a distinct duty on the matron at present to take proper care of the children and sick paupers, and to provide the proper diet for the same, and for women suckling infants, and to furnish them with such changes of clothing and linen as may be necessary (Article 210 (12)). Now that we have superintendent nurses, those are nursing duties which should be placed upon the nurse and taken away from the matron.

3660. Do you think the care of the infants should be taken away from the matron and put upon the superintendent nurse?—I think that the infants most distinctly ought to be under nursing care rather than under the matron. Even where the nursery is in the main building (as is generally the case) the care of the infants should be a nursing care. Where the Guardians will appoint a special nurse for the infants so much the better.

3661. Don't you imagine that this would be a point on which the matrons would feel very strongly; matrons are very often fond of the job of looking after the children?—What I have most to look to is the interests of the inmates and not of the officers.

3662. But you appreciate the feeling of the matrons?—Quite. I would not withdraw the general control of the matron where you cannot have a separate establishment, but I would place the nursery under trained nursing care. I know how fond many matrons are of the infants, and I would do nothing to lessen their interest in the nursery, but infants require very careful and very skilled attention, and the matron has no time to be constantly looking after them. I think the children are very often badly looked after because they are under no paid officer except the matron; the attendance upon them is frequently done by pauper inmates. I have found the mothers giving quite tender infants most unwholesome articles of food, and bottle-feeding is very rarely properly done unless there be a trained nurse in charge. I have often examined children in the nursery of a workhouse and found them wet and dirty, not changed and looked after as they should be. If a nurse had charge of them instead of a pauper inmate I think it would be different. Of course, I give my opinion simply for what it is worth. I daresay many of my colleagues would hold the other view, but my own view is very strongly that the infants' department ought to be a part of the nursing department, or at all events ought to be in charge of a skilled nurse. Probably the careless treatment of children during the early months of life is one of the most unnecessary causes of infant mortality. The nursing of infants ought to be regarded as a nursing question, subject to the general control from an administrative point of view of the matron. Then it is the duty of the matron to report to the master any negligence or other misconduct on the part of any of the female officers or servants of the establishment, or any case in which restraint or compulsion may have

been used towards any female inmate of unsound mind. That hardly appears applicable to the present conditions, because it rarely happens that matrons nowadays are called upon to restrain or compel a female inmate of unsound mind; but the point I wish to refer to there is the matron's duty to report to the master any negligence or misconduct of any female officer. That would include the nurses. Where you have a superintendent nurse that duty ought to be put upon the superintendent nurse instead of on the matron. I am very anxious that the superintendent nurse should have as complete control as possible of the nurses under her. The superintendent nurse is the person who ought to be responsible for the nursing in a workhouse, and the more that is emphasised the better it will be from an administrative, as well as from a nursing, point of view. Speaking generally, all these duties should be recast, so as to throw the whole of the responsibility for the sick upon the superintendent nurse. The alteration should be so made as to adapt itself to the varying interests of the different classes of workhouses. It is extremely difficult, I think, to lay down any rules of quite general application, and I am very much inclined to think that the time has come when the Board should admit the fact that the regulations required for the larger workhouses differ from those which are necessary in the smaller establishments. For instance, I have in my district the Isle of Wight Workhouse, with between two and three hundred inmates, and the Catherington Workhouse, with about a dozen.

3663. (*Chairman.*) You would not have the Scotch system, which allows every Board of Guardians to make their own regulations?—I do not think that it is advisable that the regulations should pass out of the controlling hand of this Board, but it would seem to be quite possible to draw up detailed rules with regard to nursing duties, which could be made sufficiently elastic to apply to the different classes of workhouses. Then to come to the circumstances and surroundings of workhouse nurses, that is, to the points which cause the real difficulties which are now experienced in getting good nurses for workhouses—

3664. (*Mr. Knollys.*) The difficulty is in the smaller workhouses, is it not?—Yes, chiefly.

3665. (*Chairman.*) I do not understand that you refer only to small workhouses, but to all workhouses?—I think the difficulty is to some extent general; but I will for the moment refer to the large workhouses which have separate arrangements for dealing with their sick. The two largest workhouses in my district are Portsmouth and Southampton. You have heard about Portsmouth from the Medical Superintendent. The administration of the sick department there has been severed from the workhouse proper. At Southampton the Guardians have just opened their new infirmary, which also will be altogether separate from the workhouse. But the other workhouses in my district have not separate infirmaries; the infirmaries are part of the general establishment. To touch first on the point of salaries. There has been in the rural districts a great difficulty in getting Guardians to afford the salaries which they ought to give to nurses. They have improved a good deal within the last few years, and they are steadily improving, and I think that that difficulty will solve itself, simply because now the Board require nurses to be appointed, and the Guardians cannot get nurses unless they do pay them; and they expend so much in advertising unsuccessfully for nurses at lower salaries that they are coming to realise that they must give fair salaries if they are to get satisfactory nurses.

3666. (*Mr. Knollys.*) We had one witness who said this: "Of course Guardians of small country workhouses must expect to give more for their nurses than is given by Guardians in large workhouses." Do you think Guardians realise that fact?—They are gradually coming to realise it. So many Guardians have advertised over and over again at the small salaries without getting nurses, or with only getting unsatisfactory ones, that they know now that it pays them better to give a reasonably good salary than to go on wasting pounds every year in advertising. Probably the salary difficulty will not continue far into the future. It is rather interesting to look back. I happened to have the Twelfth Annual Report of the Commissioners in my

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hands yesterday for the year 1844-45. There is a table there in which they show that in that year there were 591 unions which the Commissioners had formed, and in those unions there were only 171 nurses, the total of their salaries being £2,161, which works out at something over £12 a year each. In the small country workhouses the fault is sometimes with regard to the accommodation. Every nurse ought to have two rooms, a bedroom and a sitting-room, or the room ought to be sufficiently large to enable the bed part to be curtained off; but two rooms are preferable. Another point on which Guardians are difficult to move is the necessity of a separate bathroom for the nurses—

3667. Do you mean that every nurse should have a sitting-room?—Oh, no; I mean that there should be for the nurses a separate sitting-room, and that each should have a separate bedroom; and that there should be a bathroom available for the nurses, other than the patients' bathroom; and of course it is very important that the nurses' rooms should be convenient of access from the wards where she has to treat the sick. Another question is with regard to the service upon the nurses. Generally, in the small workhouses the nurse only has a pauper attendant; this woman is frequently changed; she may be unreliable and not always honest, and the nurses consequently have to do a good deal of the menial work in their own rooms if they want it to be at all well done. They ought to have paid service. That can often be combined with servants' work in the sick wards as well, and that, I think, is the best solution of that difficulty, and it is a very real difficulty. Good nurses do not like to have to carry their coals, to dust their rooms, to empty their slops, and do menial work in their rooms; and they should not be called upon to do these things. The question of dietary again, which is capable of a very simple solution, is one which Guardians hesitate to treat as I think they should treat it. The dietary is very often ill-considered and lacks variety. A certain amount of fixed items are allowed for the officers' dietary, and they have them week after week. In several workhouses in my district the Guardians have got over that difficulty in this way. They value the officers' rations at so much a week, the average value being perhaps 9s. Then they say, *e.g.*, "You can have 6s. worth out of store, and you can order what you like to the value of the remaining 3s., and this shall go on from quarter to quarter; supposing you take 2s. worth this week, you may take 4s. worth next week, and so on, but you must never get in advance of the sum allowed." By that means the officers can vary their dietary. At Salisbury, for instance, the nurses mess together, and that enables them practically to order what they like, within reasonable limits of course.

3668. May there not be some difficulty in getting what they like cooked?—At Salisbury there is not; each officer has her book, and she enters the items that she wants. The master sends the orders down to the Guardians' tradespeople, and the articles are delivered to the nurses who have ordered them.

3669. But how about the cooking?—The cooking is generally done in the workhouse kitchen for the bulk but the nurses usually have a small kitchen in the infirmary itself where the wardmaid or the servant can do any special cooking for them.

3670. Suppose you have ten different nurses and they all have ten different dinners?—That would show a great want of organisation on the part of the superintendent nurse; the superintendent nurse arranges the feeding of her nurses.

3671. Does it not imply that at any rate the nurses shall mess together?—Not necessarily.

3672. Supposing each nurse has her dinner in her own room?—I do not think any good superintendent nurse would allow that. The superintendent nurse makes the messing arrangements, and it simply gives her an opportunity of getting articles which the nurses like instead of articles which they do not care about, and it costs the ratepayers and the Guardians no more. They do not exceed the total value, but it gives them the variety of food that they wish to have. It is essential for all officers to be well fed, and especially so for a nurse. I think we should all agree that an ill-fed person is apt

to be an ill-tempered person, and that an ill-tempered nurse cannot be a good nurse.

3673. I understand that you would allow the Guardians to fix the money value of their rations, and that the nurse should be allowed to take that, provided she ordered it from the Guardians' contractors?—I do not see any objection to it. There is no practical difficulty; it has worked at Salisbury, Basingstoke, Christchurch, and other unions without difficulty.

3674. It has been made a great point that the Guardians should allow the money value in lieu of rations, do you see any objection to that?—No, so long as the officers do not have the money itself. I do certainly object to their having money in lieu of rations. If they have money they have a constant temptation to feed themselves by pilfering and to keep the money. Some Guardians have pressed the grant of money instead of rations, as the solution of the difficulty, but I object to it most strongly. The suggestion which I have made has worked excellently at many places and without any difficulty. It does not cost the Guardians or the ratepayers a penny more, and it enables the nurses and the other officers to have what they want.

3675. We have often urged upon Guardians the suggestion you have made, but it does not meet with their views at all?—In some places, no doubt, it that is so, because there are Guardians in the country districts who have a curious objection to an officer having anything better than they have themselves. I knew an instance of a nurse, who had effected great improvements in the state of her sick wards, and to whom the Guardians were really much indebted. Yet the Guardians actually cut down the bacon in her rations from cured bacon at 7d. a pound to green bacon at 4d. a pound; one of them got up and said, "I have to eat green bacon, and I do not see why the officers at the workhouse should have better bacon than I get," quite overlooking the fact that the appetite of a man who lived the greater part of the day in the open air on his farm was quite a different thing to the appetite of a nurse who spends her time in the vitiated atmosphere of the sick wards. The nurse left, and I believe myself that that was the straw that broke the camel's back. Cooking is no doubt a weak point, and I think that possibly the master and matron do not always help as much as they might help with regard to the cooking. But there again comes in the necessity of having paid service for the nurses, because in most workhouse sick wards the nurse has some arrangement for cooking. If not, that can be very easily supplied, and then she can manage anything, except perhaps the joint. She can have the cooking done for herself as she likes it. It appears to me that there ought to be no difficulty, if Guardians are wishful to help in bringing about the result that is to be desired. With regard to the food; if the Guardians will make the alteration which I have suggested as to the dietary, that solves itself. There is another matter which should be mentioned, that is the table appointments. In many places they are rough, and not at all what the nurse is accustomed to. They may have to eat with a steel fork and a pewter spoon, and things of that kind; that is a matter of very small outlay, which the Guardians could meet without any trouble.

3676. Both as regards superintendent nurses and matrons, I suppose?—Certainly, but nurses are perhaps used to somewhat more delicate training than some of the workhouse matrons have been accustomed to. In some of the hospitals the table appointments and details of that sort are very carefully studied, I believe, with the object that I have said, that it is very important that the nurses should feed well.

3677. Don't you think that if the matron had a steel fork and the nurse had a silver plated one that would be an excellent source of friction?—But the matron ought to have the silver-plated one, too. I may mention that in one of my unions a lady came down for a time as a temporary nurse, and I took the opportunity of finding out from her what she had found to object to. She said that as regards friction between the master and matron and herself that was a myth, no one could have been kinder; she only had to make a suggestion and it was attended to at once. But the weak point was the service upon her: "For the first time in my

life I had to eat my dinner with a steel fork ; we had pewter spoons ; I had no table-napkins and the table-cloth by the end of the week was unpleasant. These details were to me extremely distasteful." I think there is some force in this point, I must say. Then the nursing appliances is another question upon which nurses suffer very unnecessarily, and which perhaps Guardians are more reluctant to deal with satisfactorily than they should be. To take first of all the beds. In many old sick wards the beds are very bad and very uncomfortable and very difficult for nurses to nurse satisfactorily upon. Dr. Downes will remember that he and I went to some trouble to get a satisfactory bed arranged, and Dr. Lawson Tait's wire mattress formed the basis of it. Eventually a thoroughly satisfactory one was worked out, and this is a great assistance to a nurse, especially in cases of senile decay, in which bed-sores have to be prevented, and even the best bedding is difficult to keep clean. Then there is the question of baths and hot water distribution which very often causes the nurses endless trouble. If hot water distribution is not good and hot water has to be carried long distances it means that the nurse avoids the use of it as far as possible, and that means that the patients are not looked after as a good nurse would wish them to be looked after. That applies to the nurse's personal comfort as much as to that of the patient. Then there are hospital sinks, etc. All those details are very often not considered, and not are provided, as they should be. And this brings me to a point which is possibly the most important of all as regards the position of the nurse, and that is the medical attendance. I am sorry to say that in some country workhouses the medical attendance is very careless, from my point of view. During the course of the last year or two I have taken from some of the porters' books the periods during which medical officers in certain workhouses have been in the workhouse. Here is one workhouse. I find in the month of October, the medical officer during the whole of the month was in the workhouse for six hours and ten minutes. During the month of November he was in the house for four hours ten minutes. During the month of December, five hours and twenty minutes. At his shortest visit he was only in the house five minutes, his longest visit was forty minutes. His average visits were about a quarter of an hour, and it appears to me that under those circumstances it is quite impossible.

3678. (*Chairman.*) How many sick were there, what was the average number of sick ?—In that particular workhouse there were ninety-three inmates, of whom seventeen men and eighteen women were sick ; three men were in bed and eleven women were in bed. Those cases to be looked after, as I consider they should be looked after, would require a vast deal more time spent than that. I mean, during such visits as I have referred to it is quite impossible that the medical officer can thoroughly examine the patients and their bedding and surroundings, so as to satisfy himself that they are clean and dry, and that everything possible is being done to guard against bed-sores, and to ensure the comfort and well-being of the cases. Now take another instance. During the month of October, 1900, the medical officer during the whole of that month was only in the house one hour and fifty minutes ; exactly the same during November ; during December he was there for three hours and twenty minutes. His shortest visit was five minutes, his longest visit was thirty minutes. In that workhouse there were forty-four inmates ; there were in March this year eight males and seven females in the sick wards, and two men and four women were in bed.

3679. Do you happen to know what is the salary paid to the medical officer in these cases ?—I was coming to that, there is no question that the salaries are very inadequate. The salary of the first of these medical officers was only £26 a year ; the salary of the second is £40 a year. Upon the point of medical officers' salaries, I have recently had a return made out of the medical officers' salaries in my district, and some of them are as low as £15 a year ; Catherington, Fordingbridge, Romsey, Stockbridge, Calne, and Mere are only £15 a year. If you will allow me I will go into the question of medical officers' salaries when I have finished with this particular point. But it is sufficient to bear out what I have said in my last report, that there are workhouses, and I am afraid not a few, in which the medical officer

considers that he has fulfilled his duty when he stays for a very few minutes on each ordinary occasion. I need hardly say that there can be nothing so absolutely disheartening to a nurse as to find that the medical officer takes no interest in her work. I was talking to a nurse recently, and she told me that the medical officer had not personally examined some of her cases for months together. The medical officers say they spend as much time as the cases require, and that their salaries are inadequate for more than that to be expected of them. That raises a very difficult question indeed, because the medical officer may get his remuneration, not from the salary which is paid, but from the indirect advantages which he obtains by holding the appointment, and Guardians answer when I tell them they are underpaying : " Well, directly we have a vacancy we advertise and we get any amount of applicants, and they all profess to be willing to do the work to the very best of their power at the salary which we offer ; and it is not fair that they should afterwards turn round and tell us that they do not do the work properly because we do not pay them properly. It is not fair to the rate-payers to give more than we can get fully competent men to come forward and do the work for." The position is a very unsatisfactory one. I do not think it is fair to underpay a man for the work you call upon him to do. The doctor may want to keep somebody else out, he may be anxious to prevent any other practitioner from coming into the neighbourhood ; his practice may practically monopolise the district, and he may be most anxious to keep anybody else out. Then, further, there is the indirect advantage which comes from the knowledge that the officer is of sufficient position to hold a public appointment. It carries with it certain extras, although they may be very small. Again, the workhouse appointment is generally held with a district for which a better salary is given, and it brings a certain amount of practice indirectly ; it brings the medical officer into touch with the Guardians ; also with the poor people themselves who have relatives who may become private patients. Indirectly, the advantages may make up or the smallness of the salary attaching to the position. To me, personally, the answer is not sufficient, and I conceive that, in justice, no collateral gains can warrant underpayment for the duties the medical officer is called upon to perform. I wish the Board could take up some such position as that they should refuse to sanction inadequate salaries, and if inadequate salaries were paid that the Guardians should lose the repayment of salary they now get.

3680. Has it been brought before your notice that the medical men consider it derogatory to them to take Poor Law appointments—that it is an absolute disadvantage ?—I do not think I have ever heard that said ; I have heard the reverse said on several occasions. I know one or two cases in which I should be glad if they would give them up and let other men take them, but I know instances in which men of high local position hold the appointments and do the work admirably. In the rural districts where there are only the general practitioners, they distinctly object to letting anybody else in to take the Poor Law appointments. I think the Board might do a great deal to help in the country. For instance, to me, it is distinctly wrong that the workhouse medical officers have no fees for operations ; I know that that is touching upon debatable ground.

3681. (*Mr. Knollys.*) Is it a fact that they can get no fees ; that they have no right fees ?—Yes, for any operation that is performed in the workhouse they may get a gratuity, but they cannot get a fee ; they have to ask the Guardians to give them a gratuity, and they have to get the sanction of this Board. Suppose the workhouse medical officer is also district medical officer, and he has a case in some cottage in his district, and he sets a leg there, perhaps in the most insanitary surroundings, he will get his fee. But if he considers the interests of the patient and moves the patient to a cottage hospital on the other side of the road he is refused a fee. The Board hold that there he cannot have a fee.

3682. Because that is a hospital not subject to the Guardians ?—Yes.

3683. Is not that because he undertakes to attend there gratuitously ?—I think it is very unfair to deprive him of his fee because he performs the operation under sanitary conditions. Suppose, instead of moving him

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Mr. Baldwin Fleming. to a cottage hospital he had moved him into the workhouse, then he could not have his fee; he could not be paid for the operation although he would have got a fee if it had been done in the cottage. These things need further consideration. I am trying to get better remuneration for the medical officer in order that he may take an interest in his Poor Law work. I think it is the fact that the medical officer does not get adequately paid which tends to prevent the work from being done as I should like to see it done. I am quite aware, of course, of the objection to operations being performed in workhouses if they can be taken to a properly-equipped hospital. One of the difficulties with regard to the nursing is the complete monotony of workhouse medical attendance. It seems to me to be advisable that workhouse medical officers should be encouraged to call in other men for consultation; we rarely hear of a consultation in a workhouse. Why should not the medical officer be empowered to call in other medical men when he thinks it is advisable? It appears to me that it is an elementary factor in proper medical attendance that such power should be given. It is true, I believe, that the Board hold that if there is a consultation the Guardians can pay for it with the Board's sanction, but I think it would be a great encouragement both to the medical officers and nurses if it could be done without this. I think myself that all payments to the workhouse medical officer may very fairly be left to the Guardians; I do not see why they should require the Board's sanction—they would be subject to review by the auditor just as fees paid to district medical officers are—it is quite a sufficient check to prevent improper charges being made. I should like to see the Guardians empowered to pay for any reasonable expenses that may be incurred. I dare say that that is a point on which many would not agree with me; but I speak with a long experience, and I have only the interests of good nursing at heart in the suggestions which I have to place before the Committee. I would suggest also that where there is a cottage hospital near, the workhouse nurses should be allowed to attend operations at the cottage hospital. It would be a great thing to break into the monotony of the workhouse nurses' life; one of the great difficulties is the monotony of the life, and with the consent and under the directions of the medical officer I do not see why she should not take advantage of any such opportunities as might be afforded by permission to go to the cottage hospital if it so happened that circumstances rendered it convenient and easy that she should do so. To come to the medical officer's own duties, these again are ill-defined in the Consolidated Order, possibly intentionally so at that time. But if I suggest to a medical officer that things are not done as I think they ought to be done, he is always able to answer, "There is nothing in my duties which requires that I should do this." His duties are "to attend at the workhouse at the periods fixed by the Guardians, and also when sent for by the master or matron." "To attend duly and punctually upon all poor persons in the workhouse requiring medical attendance." I think the superintendent nurse should now be associated with the master. The Order here places a duty on the master which ought to be transferred to the superintendent nurse, where there is one. A report should be sent through the master, but the superintendent nurse is the officer who knows when the medical officer should be sent for.

3684. If she sent it through the master, would it not come to the same thing?—I think she ought to have power to send independently of the master. If there were friction, especially if you had a slack medical officer, I think it would be right that the superintendent nurse should have the power of sending for the doctor. The medical officer has to examine the state of the paupers on their admission and to report to the Guardians in writing any defects he may observe in the nursing arrangements. But that does not put a specific duty upon him of keeping that close supervision of the sick wards which appears to me he ought to be called upon to maintain. It is true that to some extent that is met by the half-yearly report which he is required to make, but which the Guardians very seldom think of asking for, and which, when it is made, is often filled up in such a fashion that it gives you but little information. He is also bound to direct where a sick pauper shall be placed; that, of course, is right. Then, the classification of paupers as laid down in the

Order requires remodelling from the point of view of the sick. There is no classification for the sick in the Order, it is only for the infirm; apart from the infirm, there is no classification for the sick. Article 99 empowers the Guardians, after consulting the medical officer, to make such arrangements as they may deem necessary with regard to persons labouring under any disease of body or mind. And Sub-section 2 says that the Guardians shall further sub-divide any of the classes enumerated in Article 98, with reference to the moral character or behaviour, or the previous habits of the inmates, or to such other grounds as to the Guardians may seem expedient. But there is no definite duty put upon the Guardians either to make a separate classification for the sick or to sub-classify the sick.

3685. It is the duty of the medical officer to make suggestions as to the sick paupers?—Yes, but there is no corresponding duty on the part of the Guardians to act upon those suggestions. Then, as to the lack of assistance for the menial work in the sick wards. I have adverted to that, and that is a real difficulty with regard to nurses. In some places nurses have to do a great deal more menial work in the sick wards than they ought to be required to do. There ought to be a paid officer in the sick department other than the nurse—that is, a wardmaid who can do the menial work of the ward for the sick. The nurse has very often to do menial work which is not nursing work and the performance of which must deteriorate her power for the performance of her own special work.

3686. You say there should always be a paid officer?—Yes.

3687. Would that apply to the smaller workhouses?—Yes.

3688. You would not allow pauper help at all?—No; in my opinion it is most mischievous.

3689. (*Chairman.*) Supposing you have a man who is likely to do mischief to himself, are you going to have a nurse to stay by and see, for instance, that he does not choke himself? Would you say that the nurse ought to stay and watch him?—The nurse certainly ought to see that the man was watched; you are no doubt referring to a case which occurred recently, and I think that ought to be a grave warning, because the man succeeded in suffocating himself with his bread and butter.

3690. You say that a pauper ought not to be employed; the attendant was serving out the tea to the other inmates when this man choked himself with his bread; would you not allow the Guardians to employ paupers on work of that kind?—That bears out my contention; if it had been put upon a proper officer it would not have happened.

3691. That would be very expensive, to have trained nurses for that?—But there was sufficient assistance—that was the disgraceful part of it.

3692. (*Mr. Knollys.*) You say that nurses are wrongly required to do menial duties?—Yes.

3693. Supposing there are only seven sick people in a workhouse and they have a trained nurse, would you say the Guardians ought to have a paid attendant as well as that nurse for those seven patients?—Yes; you would not get a good nurse to do menial work.

3694. You would not allow a pauper to do it?—You always have a certain amount of convalescent help among the patients; they do a certain amount of the work. But that is done under the immediate supervision of the nurse, and she is practically responsible for it; that is a very different thing to having an able-bodied woman from the house to work. A nurse often has to scrub and dust and carry hot water, fetch clean linen and clothes, and carry away foul linen.

3695. Would you not allow a pauper to do the scrubbing and to remove the soiled linen, must the Guardians employ a paid officer for that?—It is not quite a case of "must"; I should certainly have a paid wardmaid to do the scrubbing, one who is not a pauper; I should keep pauper help out of the sick wards altogether, even in the smaller workhouses. Then with regard to leave, there again there is very often difficulty for the nurses. Some Guardians seem to grudge leave; they cannot understand the necessity of having leave, and

even when they do give the nurse leave to go away for a fortnight at a time they are unwilling to pay a substitute while she is away. In the matter of leave, a fortnight is not enough; a nurse ought to have three weeks at least, and there ought to be another nurse to do her work while she is away. Nursing is so absorbing and wearing that a nurse does want a thorough change. I went into the question of leave somewhat carefully some years ago, and I came to the conclusion that probably a reasonable amount of leave would be this: A nurse should have two hours' leave every day, a full half-day every week, every alternate Sunday off duty, a full week-day once a month, and three weeks in the summer; or if not a full day a month, a clear month in the year. I do not think that any average nurse can really work up to her best unless she has that amount of leave, and I think the Board ought to endeavour as far as they are able to get Guardians to give that amount of leave. That question was carefully gone into by the House of Lords Committee on Metropolitan Hospitals in 1892. Then again, often now the leave of the nurse is made dependent on the master and matron. She is supposed to obtain the master or the matron's permission before she goes out. I do not think that ought to be done, and still less ought the master and matron to lay down the time at which the nurse can go out. No nurse can tell with certainty when she will be able to go out, innumerable things may happen to keep her, so that the proper thing is to allow her the fullest discretion as to when she shall take her leave; but she ought certainly to manage somehow or other to have it. Where there is only one nurse there is great difficulty about that; but if the matron is willing, she can do a great deal to help her in that way. The master is entitled to know when the nurse is off duty, and before leaving she should inform the porter, as also on her return, so that the necessary entries may be made in the porter's book. There is also the difficulty about nurses being allowed to receive visits from their own friends. Within reasonable limits I do not see that this ought to be objected to; where there is a superintendent nurse I think she should regulate it; it does seem hard, in out of the way places where people are willing to come and see the nurse, that any difficulty should be made about it. The question of the uniform is another point. Guardians are often reluctant to pay for a uniform; they say, "Very likely she will only stay a month." That has been rather an acute difficulty in some unions. But they can get over the difficulty if they will make a quarterly allowance to the nurses, say £1 a month, to provide their own uniform. Then there is the question of night nursing, which is an extremely difficult one, and one in which there is often a lamentable deficiency. The difficulty in the small workhouses is because there are so many cases of senile decay. A nurse cannot look after her cases properly in the night if she has to do day duty as well. It is thought that anybody can do night work, but it is not so; night nursing requires quite as much skill as day nursing, indeed, more in some respects. It is well known that many changes for the worse take place in sick people in the early hours of the morning, and the absence of proper night nursing is most depressing to a good nurse; there is nothing more disheartening than to have her day's work spoiled by incompetent nursing in the night.

3696. How do you propose to meet that difficulty in small workhouses?—I should meet the difficulty by having temporary nurses under Article 5 of the Nursing Order, and that is a point which I wish to impress very much upon the Committee, the operation of Article 5 of the Nursing Order. Other points with regard to nurses are companionship, recreation, and details of that kind.

3697. (*Chairman.*) I gather that your view is that night nurses are always required for these cases of senile decay, which are, of course, inevitably to be found in small country workhouses, so that I should draw the deduction that there should be a night nurse in every country workhouse?—Oh no, the majority of cases of senile decay do not require night nursing; it is the bed-ridden ones that require night nursing, and there are some workhouses where I should be sorry to see permanent nurses appointed at all. Catherington,

for instance. At times there is no sick inmate; there are only about a dozen inmates in the workhouse altogether, perhaps in winter from 16 to 20, but in parts of the year there may not be a sick case among them.

3698. You consider that there are cases in which the Guardians should not be required to have any permanent nurses at all, only to get in a nurse as required?—Yes, and that is where Article 5 is so helpful. At Catherington the Guardians have not a permanent nurse. It would not suit them to have one. It would not be fair to the nurse and it would not be fair to the ratepayers, and they can get on perfectly well as they now do. Their medical officer has an arrangement with a nursing institution, and directly he has a case which requires nursing, he can send for a trained nurse. The Guardians pay her so much a week whilst they want her, and when they no longer want her she goes back; they can do that under Article 5 of the Board's Nursing Order. It appears to me that every encouragement should be given to medical officers and to Guardians to use Article 5 whenever there are any difficulties. Another point is that the request for additional nurses has to be made to the master. I think it is a question whether that ought not to be made through the superintendent nurse. I think that the superintendent nurse might feel that it is a nursing point which ought to be made through her, and not independently of her. Then there is the further question who should control the subordinate nurses, and that is a very important question. I think it is very desirable that the control of the subordinate nurses should rest entirely with the superintendent nurse and not in any way with the matron of the workhouse. Another reference to the Committee is the qualification of probationers. It appears to me that the only necessary qualification is that they shall be active and healthy, and I think they should not have to pay for their tuition. There have been attempts made in some places to make probationers pay for their training, and I believe in some general hospitals it is actually done. But that appears to me to be quite a wrong principle to go upon, it is much better that the probationers should be paid.

3699. Would you not add "and that they should be not less than 21 years of age?"—Certainly. They ought not to be less than 21. There is a question whether 21 is not rather a low limit, but that is a matter for the Committee rather than for me. I should concur that 21 should be the lowest age. Then with regard to the training, I think that it would be an advantage if facilities were given to Guardians to send their probationers away for any special training that they may want, and especially with regard to midwifery training.

3700. That would be within the three years?—Yes, but the Board here have held that the Guardians cannot pay for sending nurses to go through an obstetric course; I think myself that is a pity; if Guardians are willing to do it, I do not see why the Board should stand in the way of it. It is clearly an advantage to probationers that they should have a special training in certain branches of their profession, and if Guardians are willing to pay, and cannot get it at their own establishment, I do not see why the Board should step in and say that they may not get it for the probationers outside. Then as to the qualifications of a superintendent nurse. I think she should be required to be qualified in midwifery. I am anxious that the Board should not insist upon the requirement that there should be a resident medical officer to constitute a training school. Take Farnham; at Farnham they are prepared to train, and probably to train very well. But they have no resident medical officer, although they have a medical officer who is very able, and he has a partner who is as keen as he is and very constantly there.

3701. What would you propose to put in place of that requirement of a resident medical officer?—I should simply leave it out, the requirement of a resident medical officer, and put nothing in its place; I should leave it to the Board.

3702. It would be "a training school for nurses," would it, without any limit at all? You would stop at "training school for nurses"?—I should.

3703. Then what would a training school for nurses be?—I doubt whether it is possible to give any defini-

*Mr. Baldwin
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Mr. Baldwin Fleming. tion; that is a matter on which Dr. Downes and Dr. Fuller could advise you so much better than I can.

3704. I think I am right in saying that Dr. Downes and Dr. Fuller would be very much obliged to you if you would suggest a definition of a training school?—I am afraid I cannot do that, but I am quite clear that with the admirable opportunities that are offered at Farnham, that anything which ousts Farnham ought not to be permitted.

3705. (*Mr. Knollys.*) I think the Committee would be much obliged to you if you could solve that difficulty?—I do not suppose I could do it by a definition, but there is no doubt in my mind that at Farnham they should be allowed to train. They have an excellent superintendent nurse, and they are just appointing their staff; eventually there will be a considerable number of probationers, and the Guardians are prepared to give the necessary instruction, and to have their probationers independently examined at the end of their training, as is done at Portsmouth. You could not have anything better; and yet simply because the medical officer does not live on the premises they do not come within the Board's Order. Any wording which would prevent that would bring about the object I have in view. Further, it is questionable whether a resident medical officer ought to be required as a qualification. He is frequently a young man of very little experience, whilst the non-resident medical officer is generally an older man who has had a much wider range of practice. Probably he would be much better able to direct the training of nurses than a younger man who is resident could.

3706. Is not the requirement of a resident medical officer only in other words a sort of rough-and-ready way of securing that the infirmary which trains nurses shall be of a certain size?—Yes, but there again I do not think it would be well to limit it as to size. I quite see your point, that you would not have a resident medical officer unless there were a considerable number of patients, which would enable training to be carried on. At Farnham they have about 150 beds, and they get a variety of cases, because their union includes Aldershot, and Aldershot is a neighbourhood which contains a good many young men and women who fail from one cause or another, and consequently there is a larger variety of cases to deal with than you would get in most country workhouses. As I have said, the accommodation is excellent, and the Board of Guardians are most anxious to have the administration for the sick under their care brought up to a high standard. It appears to me that, both from the point of view of the supply of nurses and from the point of view of the nurses themselves, it is very undesirable and inadvisable to say that such a training shall not render a woman eligible for the appointment of superintendent nurse.

3707. What we want to get at is, what you would lay down?—I do not think you can lay down any number of beds. In places where the numbers are very small it is quite clear that the thing could not be done. I think the Board can only decide each application upon the information which they may gain from the general inspector and the medical inspector who have to investigate the arrangements in the workhouse. Again, supposing that the Board were to admit Farnham, and this is why I do not wish any specific conditions laid down—the officers there might be succeeded by incompetent people, and the training would then fall away. It is quite possible that a school which gives excellent training now may deteriorate in the future, and may cease to be up to the standard.

3708. Does it come to this, that you suggest that the Board should keep a register of training schools for nurses, and that they might if they saw fit withdraw names that were already on the register?—I think that might solve the difficulty. I do not see why it should not be inserted in the Order "training in such training schools as are approved by the Board for the purpose."

3709. (*Dr. Fuller.*) Would not a necessary corollary to that be a uniform standard of examination?—If you could get it, I think, it, would, and I do not know that for practical purposes there need be any insuperable difficulty, if you do not make the test too precise. Portsmouth has solved the problem. There they are now training

nurses in considerable numbers, and I do not see why other training institutions should not test their results in the same way. As regards the relation between the matron and the superintendent nurse, there is nothing in the nature of the two offices antagonistic to each other, and no doubt some of the difficulty has been caused by unwise expressions which have been made of us by people who did not understand the question as it should be understood; such statements as were made at the South-Western Poor Law Conference in 1896; one can hardly wonder that matrons did resent the imputations that were made upon them, and it was all the worse because the statements were so absolutely unfair, and there was no opportunity for them to answer them. I had a Return made of the antecedents of matrons in my district, and I find instead of their being uneducated women, it is rather the reverse. I think they are very much to be respected. Those who have worked their way up to a higher position would not have done that if they had been uneducated; although they may not be educated in the way in which a nurse is educated, nurses are not specially educated when they start as probationers; one comes out as a matron and the other comes out as a nurse, after they have gone through their respective trainings, and it is most unfair to workhouse matrons to represent them as people who must necessarily be antagonistic to nurses. There is no well-grounded reason why friction should continue between them. The present generation of matrons are being superseded in certain duties by trained nurses; possibly they do not like it, but those who come after them will come into that state of things and accept it as a fact that exists. It will not be taking anything from them; they will come into the position which they will find. I believe that a great deal of such antagonism as has been felt between matrons and nurses has arisen from the fact that people in the nursing interest have represented the matrons as uneducated women who wanted to be antagonistic to the nurses. I have known some instances in which nurses have set themselves against the matrons. I do not think that the Board ought to allow themselves to be unduly swayed by the allegation that there is a necessary antagonism between workhouse matrons and the nurses. You must keep the supreme control in the hands of the matrons. You may have a bad nurse; I have known instances of a nurse who drank and one who took opium, and I remember one who did not carry out the instructions of the medical officer. Is it to be argued that there is to be nobody to report these facts to the Guardians? It is not as though nurses had never been accustomed to control. These nurses have not been their own mistresses during their time in the hospitals. I do not see why a nurse should expect to be outside of all control directly she finds herself in the workhouse. She must be under the master as regards general administration and control, unless the establishment is big enough to carry a separate establishment for the sick. The only subject in which she should not be subject to control is the discharge of her own duties in her own department. Another point is whether in some workhouses the monotony of the nurse's life might not be relieved by allowing her to nurse the out-relief patients. The outdoor patients are sadly in need of nursing, and it appears to me that it would be a good thing from every point of view that the workhouse nursing staff should be empowered to attend to the sick poor outside. I am entirely in favour of it, I think it is good on its own merits, and of course it would vary the monotony of the work in the workhouse wards. That would only be possible where you have a considerable staff, and it would be controlled by the superintendent nurse, so that she would work it in to the advantage of the different nurses, as she might think it advisable to put them on outside work.

3710. (*Chairman.*) I do not see how you could work it in a large rural district; the outdoor sick might be 20 miles away?—But the rural workhouses are generally somewhere near the chief centres of population in the district, and a good deal of the outdoor nursing lies within a reasonable distance of the workhouse. Many nurses use bicycles now, and this would help; they can get about very well. Of course you cannot lay down a hard and fast rule that it shall be done, but I think the Board ought to encourage it rather than discourage it; it appears to me that a great deal of useful experience

could be gained in that way. The Board's Order authorising Guardians to appoint district nurses, as the Committee no doubt know, has been practically a dead letter. Some little time ago I asked Mr. Hall to make out a return for me of the appointments which had been made; only four had been appointed, and of those only one actually remained in office. Another point is with regard to the increases of salaries. The Board have laid down a rule that they will not allow an increase of salary to be retrospective. I think that is very hard; the Guardians may say "from the last quarter," but the Board will not sanction any retrospective increase. The Board hold that an increase of salary can only date from the resolution voting it.

3711. (*Mr. Knollys.*) That is a legal point?—It is a legal point which it seems to me the Board have made for themselves. If the Guardians vote that the nurse shall have her salary increased from the beginning of the year, it is rather hard that the Board should write down and say that it shall only date from the day of the resolution. Another point: it has been suggested that probationers for the Poor Law service should bind themselves to remain in the Poor Law service for a certain number of years. That would be a most unwise condition to impose; there is no reason why a nurse should not go into other work and come back into the Poor Law service; I think it would have a deterrent effect, and would be a great mistake if they were made to bind themselves to Poor Law work. It is not reasonable so to bind them. Surely they ought to be free to go to whatever class of nursing it suits their interests to take up. You would restrict nursing rather than encourage it by making that rule. There would be no advantage in keeping a woman in the Poor Law service if her heart was not in the work, and she wanted to take up some other branch of the profession. With regard to the definition of the duties; if it be proposed to define the nursing duties, I fear that will be very difficult if the definition is to be of general application, both for large establishments and small. The definition had better be left as elastic as is consistent with the necessity of the circumstances. Then there is another point I wish to put before the Committee, and that is whether there should not be some readier means than there is now of getting rid of an unsatisfactory nurse.

3712. (*Chairman.*) That point has been before us, and we are agreed that that should be altered.

3713. (*Dr. Fuller.*) Would you give the Guardians power to dismiss a superintendent nurse before the expiration of twelve months of service?—I should give them that power. Another matter I desire to name is with regard to imbecile nursing. The Board hold that imbecile attendants are not nurses, but proper attendance upon imbeciles appears to me a most skilled form of nursing, and I think that imbeciles need skilled attention even more than some sick people. For this reason I would ask the Committee to consider the question of the nursing of imbeciles. It might afford a very important advantage to Poor Law nurses, and one which general hospital nurses may not be able to get. General hospital nurses cannot always obtain training in mental nursing. I believe they make a special feature of this at Portsmouth. The imbecile blocks are put into the infirmary administration, and the medical officer looks after them. It is a point in favour of workhouse nurses that they are enabled to a considerable extent to study mental nursing.

3714. (*Mr. Knollys.*) With regard to the three years' training in a training school: do you see any objection to nurses being allowed to take part of it in a workhouse that was not a training school for nurses; provided two years of the training was taken in a proper training school, would you see any objection to having one of the three years in another workhouse?—Speaking off-hand I should not see any objection. I should agree that that might be done.

3715. (*Dr. Fuller.*) With regard to the question of trained nurse-matron, would you suggest that where there is a staff of three or four nurses and the matron is a trained nurse, that she might be appointed also superintendent nurse?—Certainly not.

3716. Would you suggest that a trained nurse matron should be appointed superintendent nurse in any circumstances?—No; it appears to me that the two offices are incompatible. The workhouse matron has not

time to do the duty of a superintendent nurse. At one time I was rather disposed to encourage the appointment of trained nurses as matrons, but now I am indifferent as to whether a matron is a trained nurse or not. There is some advantage in it, but the trained nurse matron is a little apt to interfere with the nursing, and that gives one possibility for clashing. The quite newly-trained nurse has new ways of doing things, and that may give opportunities of friction. I should not regard it as any disqualification for a matron, rather the reverse, but I do not regard it as by any means a necessary qualification. I am quite clear that the whole administrative control on the female side must remain with the matron, but she must not interfere with the nursing.

3717. With regard to what you told us about Farnham, are you not throwing a great responsibility upon the superintendent nurse by not employing a resident medical officer?—I do not think so.

3718. In those circumstances the superintendent nurse has practically to act as an unqualified lady practitioner?—I do not think so. They are fortunate there in having a medical officer who takes a keen interest in his work, and he has an excellent partner, who is equally keen. And although no one can insist more strongly on the personal performance of duty than I do, I do not see any objection to his allowing his partner to come in. Dr. Tanner and his partner have arranged to give instruction to the probationers, including lectures and demonstrations. They live near, and are constantly at the workhouse. It seems to me that they are quite equal to doing what is necessary. I really do not see what a resident medical officer in a house of that size is required for.

3719. The difficulty is really with regard to the supply of ordinary nurses, not superintendent nurses. Farnham is one of those unions where they are admirably trained, and the training they give to their nurses would fit them to become qualified nurses in an ordinary workhouse, and the more we can encourage that sort of nurses the better, because we are agreed that the nursing of chronic cases requires as much skill as the nursing of sick cases?—No, but it is not necessary to have a resident medical officer there; that is rather a typical instance in which you have an excellent training without it.

3720. I mean to say that Farnham is recognised as a training school for nurses, but their certificate does not qualify them to become superintendent nurses?—Yes.

3721. What we want is a supply of nurses who will take appointments in small workhouses where there are no superintendent nurses. The difficulty is not to obtain a supply of superintendent nurses but a supply of ordinary nurses, and the more schools which train ordinary nurses the better?—I quite agree, but I do not think these nurses ought to be disqualified, I think the training ought to be accepted as qualifying them for the post of superintendent nurse. The training is too good to merely qualify for ordinary nurses and to exclude the higher office. I would not willingly admit any training, alone, as making the distinction between ordinary and superintendent nurses. No second-class training should be accepted. It should depend upon the individual rather than upon the training whether she is fitted for superintendent or for a subordinate appointment.

3722. Would it meet your difficulty if the Board were to say that the position held after their training as charge nurse in an infirmary should qualify them for the position of superintendent nurse later on?—Certainly, that they should become qualified is what I want to arrive at.

3723. So that the nurse trained at Farnham Workhouse would not immediately on finishing her training be eligible to take the post of superintendent nurse?—No, you might, if necessary, keep her another year as charge nurse; I should be satisfied with that; that she should practically have one year's charge work after finishing her training. Nevertheless, I think the training will be as good as in other places which qualify at once, and I doubt whether it would be fair to insist absolutely upon an additional year as charge nurse.

3724. Would it be possible to relieve the matron of

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all responsibility in connection with the sick?—It would not do to take away her power to visit. I should relieve her of all responsibility with regard to the nursing, but not with regard to the general administration. I do not see any objection to that, but I do see objection to her being compelled to visit every day.

3725. Have you known instances where the Guardians to avoid appointing a superintendent nurse have appointed paid attendants who perform nursing duties?—I do not think so; I have not known of one.

3726. Do you see any objection to the superintendent nurse being held responsible to the master for the linen supply?—Not at all; I think she should be. The supply of linen and of articles that are used in the sick wards ought to be inventoried to the superintendent nurse, and she should be responsible for them. As they become worn out she should requisition fresh ones and give over the old ones. I think the nurse's authority ought to be supreme in that matter.

3727. Has the question of the salary given to the

superintendent nurse being greater than that given to the matron ever been the cause of trouble in your district?—Yes, it has sometimes; that is why I have suggested an increase to the matron's salary, so that it should be brought up a little higher than the superintendent nurse's. I have unions in my district in which the matron's salary is less than the nurse's salary.

3728. Has there been any tendency in the past for the better class of trained nurse to leave the Poor Law service?—I do not think so; of course they may have done so, and I should not know what becomes of them when they leave.

3729. Do you propose to put in the opinions of Miss Nightingale and Dr. Edward Smith, which you referred to?—I simply referred to them as showing that the general control must remain with the superintendent nurse.

3730. May we have that put in?—Certainly, if the Committee would care for it.]

Miss BROADWOOD, called; and Examined—

*Miss
Broadwood.*

3731. (Dr. Downes.) I believe, Miss Broadwood, you are the founder of what is known as the Holt-Ockley system of nursing?—Yes.

3732. And it was instituted at Ockley in 1883?—Yes.

3733. And it has spread considerably?—Yes.

3734. Can you say how many associations are affiliated with you now?—Nearly 200 now.

3735. The object is to bring good and skilled nursing into the country districts?—Yes.

3736. And to do so at a reduced rate?—Yes; I say "skilled," but I should like to say "sufficiently skilled." We do not profess to go in for nursing such cases as are taken to the hospitals; there are many cottage hospital all over the country; we do not go in for surgical training at all.

3737. You require your nurses to be sufficiently instructed in the elements of nursing?—Yes; they are excellently well instructed in maternity nursing so as to be first-rate monthly nurses; and they are taught the elements of general sick nursing; they have proved themselves equal to attending cases of cancer, typhoid, diphtheria, bronchitis, and all such cases as occur ordinarily. I see by this report of the Corsham Benefit Nursing Association, 1901, that they have nursed cases of Bright's disease, scarlatina, varicose veins, pneumonia, sunstroke, rheumatic fever, inflammation of the lungs, etc.

3738. I take it you give them sufficient teaching to enable them to deal with ordinary cases of illness under the supervision of the doctor?—Yes, always under the doctor; that we make a great point of.

3739. Do they undertake any surgical cases?—They have been called upon once or twice to do so, and have done so extremely well in cases that have occurred suddenly, and could not be transferred to any hospital, but we do not give them surgical training.

3740. How do you arrange for their training, Miss Broadwood?—We do it in this way: wherever we find that there is any good system of district nursing, where there is maternity nursing also, we send them there. I must tell you that I am also responsible for that system of training. I found that Miss Catherine Twining, who had just started nursing with a friend down at Plaistow, in Essex, was in want of help, and she had seen a letter that I had written to the "Times" that I was in want of systematic training for the cottage nurses. I had come to the conclusion that hospital training was unsuitable, on reference to the matron of St. Bartholomew's Hospital, who was in sympathy with us (and whom Sir Dyce Duckworth had suggested I should go to). She said, "Do not send your nurses to hospitals, unless you wish them to come out hospital nurses. We could not make any difference between them and our other pupils; we must send them into the surgical wards, and they would become so intensely interested in the surgical nursing and these interesting cases that they would never be content afterwards with the simple nursing required in cottages." And so I found that

Miss Twining would take them; it was an agreement between ourselves. If you will look at the pamphlet here—"Nurses for Sick Country Folk"—you will see what they were to be taught. That system of training is now being carried on in three other special training homes—one in Essex, at Leytonstone; another at Edmonton; another at Govan, near Glasgow; and another just started near Bristol.

3741. Were they started by your Association?—To help our Associations.

3742. Coming to the special point of the Reference to this Committee, do you consider that a workhouse infirmary might become a useful training field for a cottage nurse?—Yes, I think the smaller infirmaries might, where the nursing is not carried on too elaborate a scale. Some of the larger ones are fitted up now so like hospitals that they would rather spoil the cottage nurses for nursing without appliances.

3743. You would rather have an institution where the nursing was of a simple kind?—Yes, the elaborate hospitals and infirmaries certainly do spoil them.

3744. Are you prepared to pay for the training of your nurses?—Yes, we always have paid.

3745. So that if Guardians engaged your nurses they would, to a certain extent, relieve the rates?—Decidedly; we have pointed that out to one or two infirmaries where we have sent them.

3746. Have you any fear that the Guardians might be so pleased with your nurses that they might try to retain them as nurses in their infirmary?—That has occurred in two cases; at Bath they retained our nurse in spite of her being engaged under a contract to serve us for four years after her training, and they would not give her up. At Wallingford they wished to do the same thing, but when we pointed out to the clerk, who is a lawyer, that she was under a contract to serve us, he at once discouraged the nurse.

3747. Probably most Guardians would if they saw it in that light?—Except Bath.

3748. You would have to take care that there was something in the contract to show that the nurse was to come back to you?—I think we should have to put it into a contract with the Guardians now.

3749. The class of nurse that you aim at producing is a class which is able to save the health of mothers and infants, and to attend the infirm in their last days. That would be the class of cases found in ordinary country workhouses, but in addition to that you require your cottage nurses to be prepared to undertake household work in the cottages they go to?—Yes, when the mother is laid up, and in the case of infirm old couples.

3750. So that it is a class of nurses who are prepared to undertake work that the highly-trained nurses would not undertake?—Yes, the highly-trained nurse generally objects to undertake anything menial.

3751. Supposing it were possible to have the training carried on in workhouse infirmaries, are there any conditions you would suggest, for instance, as the

qualifications of the matron or superintendent nurse at the workhouse?—She must be certificated; she must be herself sufficiently highly trained to teach systematically. Another thing is, I think she must be a lady. I think that where people in those positions are not ladies there are many little rubs that come up, and they are not themselves sufficiently dignified to maintain their position, or to impress the nurses with the absolute need of obedience and so on. Therefore I should myself always prefer sending them where there was a lady. We find that in the cottage hospitals also, where the matron is a lady, they are well-trained, but where she is not they are not so well trained.

3752. And there must be instruction from the medical officer?—Yes, there must be; there is some difficulty about that in the infirmaries. May I say that I rather think Mrs. Brooke Hunt, of Gloucester, has been trying to get nurses trained on a similar system; she wrote to me about it a year or two ago; I have not heard whether it succeeded, but she was going the right way to work.

3753. Your system is not a charity; it is a mutual benefit club?—Entirely; I am entirely against pauperisation. Of course, like other benefit clubs, we get honorary subscriptions, and we are prepared to give anyone who subscribes a nurse.

3754. Have you anything to say on the question of midwifery attendance on persons in receipt of poor relief?—That is a great point that comes up. I believe (my informant was Dr. Rentoul) that there is some regulation (I believe of your Board) under which any lying-in woman may claim the attendance of the medical officer from the Guardians. But in many instances the regulation has been so far evaded that it is very often restricted to women who are going to have their sixth child. The result is this—that in parts of the country, such as Oxfordshire, Wiltshire, and Gloucestershire, where the rate of wages is not very high, the wives of agricultural labourers are in the habit of doing without a doctor at all at such times; and until our nurses have been brought upon the scene, they have been in the habit of going to their nearest neighbour and paying her from 2s. 6d. to 5s. for the job, with the result that their health and the health of their children has very often suffered. I regret to say that there is a great tendency in many parts of the country, despite all the influence I can bring to bear, to send these cottage nurses of ours, who are only trained as monthly nurses, to do midwifery work. In some cases they have so far safeguarded themselves at my special request, by doing it only with the express permission and sanction of the medical man, who has promised to come in if called upon to do so, but otherwise not charging a fee. The point is that you cannot engage a medical practitioner on such an occasion without his being able to claim a fee whether he is present or not. My contention is that if that regulation of, I believe, about 30 or 40 years' standing was brought to bear, these women who cannot afford the guinea or two guineas for engaging a medical practitioner, would be in this position, that they could claim one from the poor Guardians, and pay the much less fee of 15s., which they could afford to do, and have one of our nurses. We do not like our nurses doing midwife's work.

3755. You do not profess to train your nurses as anything more than monthly nurses; they are not midwives?—No; in a few cases they have taken the L.O.S., but they have then only acted with the express sanction of the district medical officer. You know it is a burning question between the medical men and the nurses, by whom this work shall be done.

3756. (*Chairman.*) You want these nurses trained in the Poor Law, do you?—Well, we are becoming pretty independent now; we have wanted it in the past. In the London unions, I am sorry to say, it was refused us, although they were training Church Army nurses for as short time as six weeks.

3757. Then when trained they return to you?—Certainly.

3758. Then they are bound to you for four years?—Yes, we bind them for four years.

3759. Then these nurses would not be available for the Poor Law for four years after coming to you?—No, but we should be extremely glad to pass them on

to workhouse infirmaries. I always tell our nurses that there is promotion for them, and they are well qualified for it at the end of four years.

3760. What class do you draw your nurses from?—The general servant class.

3761. Do you find that they are content with the position of a sort of second-grade nurses?—Yes, because we give them what they would otherwise have to pay for—their training.

3762. Do you think they would be content at the end of their training to be a sort of second grade of workhouse nurses?—They are quite well qualified for district nursing, and the few that we have passed into hospitals have gone ahead splendidly; after a few months in the wards of a general hospital they have been put on the lending-out staff.

3763. Do Guardians use the Holt-Oekley nurses at present in any case for nursing out-patients?—Yes, they do occasionally. We were asked in one case to take the whole of the out-nursing, but we declined, because we did not wish to make ourselves a public body.

3764. Then there are some Guardians who are using your nurses?—Yes, they send to us for a nurse and we send them one; but in that case we require them to pay the full wage of the nurse per week.

3765. What do you pay for the training of these nurses in an infirmary?—We pay £6 at Wallingford and Bath; I think that was paid for a year, and I think it was paid to the nurse as her wages. When the nurses go for more than six months they always have a small wage.

3766. From the Guardians?—From whatever institution they are in; it may be a cottage hospital; in this case it was the Guardians.

3767. Do they undertake menial duties when you pay the £6?—I could not quite say about that; they do whatever they are required to do.

3768. They are not wholly in the position of pupils and absolved from menial duties?—We make no stipulation; on the contrary, when they are sent to cottage hospitals they go as wardmaid pupils; we prefer that they should do some of the menial work.

3769. Do you think they would be useful in the position of wardmaids? Is that what you would aim at at all?—They might be where an infirmary is worked on large hospital lines; that would be the best way to introduce them.

3770. We have had a good deal of evidence from the bigger places that these superior nurses are not willing to do menial duties. Would your Association supply a class of women who would do these duties?—It would be difficult to keep up a supply, because that idea has unfortunately been written up in the nursing papers, and also suggested by a certain lady who considers that every nurse ought to be a lady.

3771. You think the head nurse must be a lady?—Yes, the head nurse must be a lady.

3772. Then she must be drawn from the general class of nurses?—We do not care to send a nurse for training unless we know that the head nurse is a lady.

3773. Have you had any difficulty in getting a supply of these women?—We have kept up our supply, but the number of Associations has increased so enormously that we are always short in our supply. We train them at the rate of about 70 a year.

3774. And you have found great difficulty in getting them?—Yes, a great difficulty in getting as many as before.

3775. You say you want more of them?—Yes, there is a great difficulty; there certainly is.

3776. To what cause do you attribute that difficulty?—I attribute it to the absurd idea that household work is derogatory.

3777. Not to an objection to nursing?—No; plenty of people wish to nurse, but the idea that household work is derogatory is very general now. Another cause is that many of these young women have never been taught household work in their own homes.

3778. (*Mr. Knollys.*) Do I understand you to say

Miss Broadwood.

Miss
Broadwood.

that there are plenty of people who want to be nurses, but at the same time you find a great difficulty in getting nurses to join your Association?—Yes; there are two causes for that difficulty; one is as I say, the idea that domestic work is derogatory, and the second is that the number of our Associations has very largely increased.

3779. But it is not because you require a class of work that they think other people will not require? You require work which they consider derogatory, and they think if they join other institutions it will not be quite so derogatory?—Yes, partly; but in the big hospitals they all put them to it the first three months of their time; they all put them to the housework. I think that it is not so much that they look upon it as derogatory because we expect this work of them, but that there is a disinclination for real hard elbow work in the whole class. It is the same with one's servants, you know.

3780. You see the important point. I understand you to say that you consider there is a sufficient number, at least not a great deficiency, of people wanting to be nurses, but that there is a difficulty in getting people to join you; is that so?—No, I do not think that; we suffer as all people do who want to get work done; I do not think it is peculiar to us. There is a general tendency to dislike real hard work.

3781. (*Dr. Fuller.*) Is the difficulty this, that these people you take to train are gradually finding out that there is no future advancement for them in the nursing world?—No, because we find on the contrary that the training they get with us fits them for further posts. I think the idea has been promulgated by the nursing press that there is no promotion for them, but I believe that that is coming to an end. We tell all the nurses that there is promotion for them supposing they conduct themselves well.

3782. Is it not a fact that your nurses are debarred from becoming candidates for nursing posts of any value because they have not received sufficient training?—When they leave us they have had training as maternity nurses and in the elements of general sick nursing, and if they go on to the staff of a hospital they receive very rapid promotion, because they are found to know the elements, and therefore they pick up the further training very quickly. Miss Pyne, the former matron of Westminster, took one of our nurses, and promoted her within a year to the lending-out staff.

3783. What is the actual time for which you compel them to undergo training?—It depends entirely where we send them. In a cottage hospital or infirmary they stay for a year. At the special homes, which are in the midst of very congested slums, where they see a great number of cases in a short time, the course is there for four, six, or twelve months.

3784. Then your nurses are not trained for the L.O.S. certificate?—Not unless by special request of the doctors under whom they are going to work. Then we keep them for twelve months and give them a longer course, and they generally pass successfully without any difficulty. But we do not like their taking that midwifery certificate, first, because the local medical practitioners very greatly object to their being certificated midwives; and, second, there is no means of supervising them properly. Until there is a yearly licence we are not justified in turning out nurses of that class. I wish they would pass the Midwives Bill.

3785. Do you in some cases only give them six weeks' or two months' training?—It is only two months at the British Lying-in Hospital; that is the course.

Mrs. HOBHOUSE, called; and Examined.

Mrs.
Hobhouse.

3801. (*Dr. Downes.*) I think, Mrs. Hobhouse, you are the honorary treasurer and chairman to the Committee of a Nursing Association in Wiltshire?—Yes.

3802. And that is an affiliated branch of the Holt-Ockley Nursing Association, is it not?—Yes.

3803. How long has your local Association been in operation?—Since January, 1893.

3804. And how many branches do you include?—Ten parishes.

3786. Is that all you require of them?—If they are to be employed only for maternity work. Where the staff is a large one, as at Ockley, we can always keep two nurses for maternity work alone. As a rule 56 per cent. of our cases are maternity cases.

3787. (*Dr. Downes.*) With regard to the question of possible advancement, I think you mentioned that some of your nurses went on to be district nurses?—Yes.

3788. Do you facilitate that in any way?—As much as we possibly can.

3789. Do they undergo any further training?—It depends on whether the doctor thinks them properly qualified. We do not give them any certificate unless they have satisfied the committee under whom they have worked and the doctor of the locality.

3790. It would be possible to make arrangements for further training at the end of their first agreement?—Certainly—and personally I am all for promotion.

3791. At what minimum age do you take them?—We take them from 23 to 40.

3792. (*Mr. Knollys.*) I understand you do not send your nurses into the workhouse?—We have not done so so far.

3793. Therefore they are never brought into contact with fully-trained nurses—I mean to say, apart from the superintendent nurse?—They have a superintendent nurse over them.

3794. They are never brought into contact with other young nurses who are undergoing a different training to themselves?—They are during their training.

3795. Where?—We have sent some of our nurses to the different hospitals. We have sent them to Clapham, to the British Lying-in Hospital, to the City of London, and elsewhere. They have worked in these hospitals with other probationers, and in that way they have come in contact with other nurses.

3796. Who are having a different training?—A different training to ours.

3797. Do you ever find any friction arise between your nurses and the others?—No, we have never had any difficulty of that kind with our probationers; we have never sent one to a lying-in hospital, and she has been absorbed by that hospital—they have always come back to us. I should like to suggest that if the Guardians could say that they would get posts for nurses under our Association after they had been a certain time with them for training, I think that might encourage women to go into workhouses. I think at present there is a great objection to going into infirmaries.

3798. (*Dr. Downes.*) I think your suggestion is, that Guardians should give nurses what I might call a Holt-Ockley training?—Yes, they should be able to say, "If you like to come to us for a year we can get you employment in some benefit nursing association—we can guarantee you employment in that time."

3799. All the Guardians could guarantee would be a certain curriculum which would satisfy you?—We think the matron and the medical officer could give the proper course of lectures in the elements of general sick nursing, and where there is a certificated midwife at the head of the maternity nursing, that she could give the proper instruction in that.

3800. And it would be for you to formulate your requirements?—Yes.

3805. How many nurses do you employ?—We have 11 on our staff now, and are training four more.

3806. Is your work extending?—Yes.

3807. Could you give us any idea of the class of cases dealt with in your district?—They are the same as Miss Broadwood read out—she read from my report.

3808. What do you do if a surgical case arises?—Our nurses have attended surgical cases, but not very

severe ones; because these, as a rule, are sent to the hospital. We attended two cases of fracture last year.

3809. Do you obtain a report of their services from the doctor?—The doctor always signs the order form which we give to the nurses.

3810. I think you are also a Guardian of the Chippenham Union?—I was for four years, but I am not at this moment.

3811. Do you regard the results of your system as satisfactory?—Yes, most satisfactory.

3812. Referring to the workhouse with which you are acquainted—Chippenham—do you consider it would be possible, if the Guardians were willing and the officers could give the necessary instruction, to train the Holt-Ockley nurses there?—Yes, quite possible.

3813. What was the size of your workhouse? What accommodation had it?—I think about 300 inmates altogether. There were about 60 in the sick wards or thereabouts. There were three nurses on the staff, one head nurse, and two under her. We have made some arrangements with the Chippenham Board of Guardians to take all their outdoor pauper cases in three parishes, within our nursing area.

3814. Do the Chippenham Guardians subscribe to your Association?—Yes.

3815. Do you ever undertake nursing within the workhouse?—Never; we have never been asked for subsidiary nurses, but we should send one if they asked for it. We do a good deal of work outside our district.

3816. (*Chairman.*) This is a benefit society, I understand?—Yes.

3817. Do you nurse only those who belong to the society?—We are only bound to send nurses to subscribers, but in the smaller villages, where we get a large subscription, say, from the landowner, we waive the fact as to whether they subscribe or not.

3818. So that these are not paupers you are dealing with, but people who manage to keep out of pauperism?—Yes.

3819. Have you any wardsmails at the Chippenham Workhouse?—Yes, two, and three nurses.

3820. And they did all the work of the infirmary?—Yes. They are changing their nurse at Chippenham now, and they are making a point of having a nurse with a three years' certificate, and I should not myself send a nurse to be trained where there was not a head nurse with a three years' certificate.

3821. (*Dr. Downes.*) You would make a special point also that the superintendent nurse should be able to teach maternity nursing?—Yes, certainly; she ought to be able to teach that.

3822. (*Chairman.*) Does your Association work mainly in villages?—Mainly; the centre is a country town with 3,000 or 4,000 inhabitants, but most of the parishes are villages of from 500 to 800 people. If there were appointments in the infirmaries and sick wards of workhouses open to our nurses it would be an encouragement to them. I am only speaking for our own Association; we have found a certain difficulty in finding further and better employment for our nurses when they have worked with us, and wish to proceed to other grades of nursing.

*Mrs.
Hobhouse.*

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SHOULD SHARE RESPONSIBILITY WITH SUPERINTENDENT NURSE AS UNDER ORDER OF 1897: Dury 1773, 1778; Hull 2789.

TRAINING OF, Moore 2815.

MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.EVIDENCE FROM, *Wates* 2017-2083.**MEATH WORKHOUSE NURSING ASSOCIATION.**EVIDENCE FROM, *Lee* 793-918; *Egerton* 919-953.**MEDICAL OFFICER.**INSUFFICIENCY OF ATTENDANCE OF, IN RURAL WORKHOUSES: *Fleming* 3677.INTERMEDIARY BETWEEN SUPERINTENDENT NURSE AND COMMITTEE OF GUARDIANS: *Macormack* 1418; *Rhodes* 1519, 1588.**RESIDENT MEDICAL OFFICER:***Class of persons becoming.* *Preston-Thomas* 3628.*Salaries of, should be increased.* *Rhodes* 1594; *Vulliamy* 1624.*Should act as District Medical Officer.* *Hawkyard* 1206, 1209.*Size of Infirmary where necessary.* *Gibson* 1816; *Hawes* 761; *Hawkyard* 1199, 1204; *Raw* 2627; *Robinson* 2543.*Training under, as qualification for Superintendent Nurse:**(Necessary):* *Barclay* 281; *Gibson* 1822, 1856, 1915; *Marquardt* 2110; *Robinson* 2529.*(Unnecessary):* *Macormack* 1406; *Preston-Thomas* 3628; *Raw* 2625; *Rhodes* 1545; *Tillotson* 982; *Vulliamy* 1619; *Wilson* 138, 147.*Unnecessary for training probationers:* *Atkinson* 1247; *Bonser* 3583; *Fleming* 3719; *Knott* 2411.*Necessary for training probationers:* *Atkinson* 1237.RESPONSIBILITY OF, FOR ADEQUACY OF NURSING STAFF: *Davy* 3256.SALARIES OF, *Fleming* 3678.SHOULD BE RESPONSIBLE FOR CLEANLINESS OF SICK WARDS: *Robinson* 2515.SHOULD BE RESPONSIBLE FOR NURSING: *Preston-Thomas* 3627; *Contra, Robinson* 3496.SHOULD NOT HAVE CONTROL OF NURSING STAFF: *Holland* 3076.**MIDWIFERY.**

SHOULD BE PRESCRIBED AS QUALIFICATION:

For Superintendent Nurse: *Buckell* 2664; *Davy* 3290; *Fothergill* 1284. *See also* under "Superintendent Nurse."*For Probationers:* *Fleming* 3699.*For Nurses:* *Egerton* 927.**MOORE, MRS.**

EVIDENCE OF, 2791-2835.

NATIONAL ASSOCIATION OF WORKHOUSE MASTERS AND MATRONS.EVIDENCE FROM, *Awbery* 2325-2345; *Fincham* 2258-2271; *Fulcher* 2272-2324; *Richmond* 2218-2237; *Sanderecock* 2238-2257; *White* 2155-2217.**NATIONAL POOR LAW OFFICERS' ASSOCIATION.**EVIDENCE FROM, *Leach* 1285-1354; *Fothergill* 1279-1284.**NIGHTINGALE FUND.** *Wilson* 158.**NIGHT NURSES.** *Fleming* 3695; *Rhodes* 1529; *Richmond* 2231.

6581.

NORTHERN WORKHOUSE NURSING ASSOCIATION.EVIDENCE FROM, *Hawes* 690-772; *Kett* 526-689; *Marshall* 773-792.**NORWICH UNION.**EVIDENCE FROM, *Stone* 3319-3558.**NURSES.**ADMINISTRATIVE CAPACITY OF, *Holland* 3015; *Hull* 2771; *Knott* 2446, 2464; *Marquardt* 2120; *Raw* 2615; *Robinson* 2535; *White* 2216.ADVERTISEMENTS FOR (FUTILITY OF), *Hawkyard* 1190, 1213; *Holland* 3123; *Leach* 1326; *Preston-Thomas* 3607; *Russ* 1739; *Tillotson* 1026.ARMY NURSES: *See* under "Army Nursing Service."CLASS OF PERSONS BECOMING, *Hawkyard* 1187; *Hull* 2701; *Lee* 800, 864; *Tillotson* 999.COOKING FOR, *Fleming* 3668.

DIFFICULTY IN OBTAINING,

General: *Broadwood* 3774, 3778; *Davy* 3215; *Gibson* 1804, 1986; *Humphreys* 3061; *Leach* 1293; *Wilson* 26, 125.*In Poor Law Service:* *Atkinson* 1236, 1251; *Bonser* 3577, 3593; *Buckell* 2668, 2678; *Davy* 3215; *Dury* 1744; *Fincham* 2266; *Fleming* 3665; *Gibson* 1804, 1812, 1847, 1928, 1993; *Hawkyard* 1180, 1191, 1193; *Holland* 3076, 3114, 3123; *Humphreys* 3021; *Kett* 660; *Knott* 2347, 2361, 2375, 2404; *Leach* 1295; *Lee* 797, 825, 829; *MacNeill* 222; *Macormack* 1398, 1442, 1484; *Marquardt* 2055, 2089, 2094; *Preston-Thomas* 3607; *Raw* 2604; *Rhodes* 1499; *Richmond* 2231; *Stone* 3320, 3327; *Tillotson* 975, 1028, 1177; *Vulliamy* 1639; *Wates* 2052; *N.* 1390.*Not general outside Poor Law Service:* *Holland* 3076, 3089; *Rhodes* 1523.

DUTIES OF,

Under existing Orders. *Fleming* 3649.*Should be defined by Board:* *Gibson* 2014; *Leach* 1298.*Should be revised:* *Preston-Thomas* 3638.EMPLOYED ON HOUSEWORK IN HOSPITALS: *Broadwood* 3779.EXAMINATIONS FOR, *see* under "Examinations."EXCESSIVE LENGTH OF HOURS OF DUTY OF, *Lee* 852.EXTRA NURSES SHOULD BE OBTAINED FROM INSTITUTIONS IN TIMES OF PRESSURE: *Wilson* 60. *See also* under "Guardians."GRADES OF, *Broadwood* 3795; *Macormack* 1407, 1446, 1462; *Tillotson* 999, 1135; *Vulliamy* 1643; *Wilson* 137, 139, 416.*Advisable:* *Broadwood* 3795; *Lee* 841, 906, 822, 880, 887.*Inadvisable:* *Knott* 2455.*Holt-Ockley, See* under "Holt-Ockley System."LEAVE OF, *Atkinson* 1260; *Fleming* 3695; *Fry* 2913; *Kett* 611; *Knott* 2371, 2386; *Lee* 851; *Marquardt* 2098; *Rhodes* 1507, 1561; *Richmond* 2235; *Robinson* 2495; *Sanderecock* 2252; *Tillotson* 1022; *Wates* 2070; *White* 2168; *Wilson* 40, 443.MONOTONY OF LIFE OF, *Lee* 860; *Russ* 1686; *Sanderecock* 2252; *Vulliamy* 1628; *Wilson* 46.NO DIFFICULTY IN OBTAINING, *Adcock (W. Bromwich)* 2844, 2869; *Broadwood* 3778; *Gibson* 1843; *Hawkyard* 1233; *Knott* 2373; *Leach* 1310, 1325; *Moore* 2819, 2826; *Rhodes* 1494; *Wates* 2029, 2038; *Wilson (in towns)* 29.NUMBER AND SALARIES OF, IN 1844: *Fleming* 3666.PAUPERS EMPLOYED AS, *Humphreys* 3037; *Stone* 3327. *See* "Pauper Nurses."

NURSES (*Continued*).

PENSIONS FOR, Holland 3091; Knott 2454; Lee 912; Marquardt 2096; Preston-Thomas 3608; 3611; Wilson 17, 67, 70, 409.

PROPER SUPPLY OF, SHOULD BE FORCED ON GUARDIANS BY LOCAL GOVERNMENT BOARD: Holland 3092, 3103; Raw 2578, 2594.

PROPORTION OF, TO PATIENTS: Barclay 263, 351; Buckell 2671; Egerton 933; Fry 2879; Gibson 1868, 1877; Hawes 762; Holland 3073; Humphreys 3044; Kett 548, 591; Knott 2382, 2424; Lee 854, 879; Marquardt 2097; Preston-Thomas 3645; Wilson 51.

PROSPECTS OF PROMOTION SHOULD BE IMPROVED: Vulliamy 1628; Wates 2042.

QUALIFICATION AND TRAINING OF, Davy 3252; Kett 636; Leach 1288; MacNeill 201.

QUARTERS OF, Barclay 389; Fincham 2266; Fleming 3667; Kett 558, 613; Lee 859; MacNeill 223; Macormack 1444; Rhodes 1501, 1578; Russ 1691; Wilson 79.

QUEEN'S JUBILEE NURSES:

Training of, Holland 3117.

RATIONS OF, Davy 3279; Macormack 1486; Marshall 790; Rhodes 1506, 1533; Richmond 2228; Russ 1694, 1719, 1721; White 2211; Wilson 36.

Master should be allowed discretion to vary: Davy 1781

Nurses should be allowed to choose part of rations: Fleming 3667, 3675; Hull 2730; Knott 2391.

Rations should not be sent to kitchen separately: Davy 1785.

Should be improved: Atkinson 1258; Hawes 749; Hull 2709.

REGISTER OF, Barclay 382; Humphreys 3069; MacNeill 199.

RELUCTANCE TO LEAVE HOME DISTRICT: Vulliamy 1637, 1645, 1654.

SALARIES OF, Fry 2900; Gibson 1850; Knott 2364, 2379; MacNeill 225.

Increase of, will not alone increase supply of nurses: Davy 3220; contra, Leach 1295.

In Poor Law Service: Holland 3091; Macormack 1443; Moore 2822; Rhodes 1505, 1522, 1585; Russ 1712; Wilson 10, 58.

Insufficient in Rural Workhouse: Fleming 3666.

Outside Poor Law Service: Holland 3087; Preston-Thomas 3608; Wilson 7.

Partly repaid out of Imperial Funds in Scotland: MacNeill 196.

SERVANTS FOR, Fleming 3667, 3685; Kett 590; Marshall 790; Moore 2794, 2819; Richmond 2238; Russ 1687, 1695; Sandercock 2245, 2251; White 2215.

SHOULD BE BOUND TO SERVE A TERM OF YEARS IN POOR LAW SERVICE: Broadwood 3746, 3758; Tillotson 1009; Wilson 123. *See also under "Probationers."*

SHOULD BE SERVANTS OF STATE AND GUARANTEED EMPLOYMENT: Raw 2578, 2609; Wilson 101. *See also "Government Nursing Service."*

SICK LEAVE OF, Knott 2384.

STATUS OF, SHOULD BE IMPROVED: Wilson 17.

SUBSEQUENT CAREERS OF, Hull 2780; Kett 543; Wilson 106, 161, 417.

TABLE APPOINTMENTS FOR, Fleming 3675.

TENURE OF OFFICE: Leach 1305.

TRAINED IN POOR LAW SERVICE SHOULD BE KEPT IN POOR LAW SERVICE: Holland 3091; Raw, 2544, 2555.

TRAINING SCHOOLS FOR. *See under "Training Schools."*

UNIFORM OF, Fleming 3695, 3709.

NURSES (*Continued*).

UNTRAINED PERSONS APPOINTED AS, Hawkyard 1181; Kett 551, 600; Lee 797; Preston-Thomas 3607; Russ 1695, 1737; Wilson 61; X. 1381.

NURSING DEPARTMENT TO BE ESTABLISHED AT LOCAL GOVERNMENT BOARD. Gibson 1804, 1925, 1990.

See also under "Government Nursing Service."

NURSING INSTITUTIONS.

SHOULD BE USED TO SUPPLY NURSES FOR ACUTE CASES IN SMALL WORKHOUSES: Gibson 1872.

USED BY GUARDIANS TO SUPPLY TEMPORARY DEFICIENCY OF PERMANENT NURSES: Davy 3219.

NURSING ORDER OF 1897.

See under "Order."

NURSING SERVICE FOR POOR LAW PURPOSES SHOULD BE ESTABLISHED BY GOVERNMENT.

See under "Government."

NURSING, POOR LAW.

DETERIORATION OF, Raw 2545.

IMPROVEMENT IN, SINCE ORDER OF 1897: Rhodes 1576.

OLD AND INFIRM CASES IN SICK WARDS.

See under "Attendants" and "Chronic Cases."

OPERATIONS (SURGICAL) IN WORKHOUSE INFIRMARIES. Knott 2427; Marquardt 2115; Rhodes 1574; Wilson 45.

BOARD'S REFUSAL TO ALLOW, DECREASES THE VALUE OF WORKHOUSES AS TRAINING SCHOOLS FOR NURSES: Dury 1767; Fleming 3683; Hawkyard 1190, 1216, 1225.

FEES FOR, Fleming 3650; Hawkyard 1190.

ORDER OF 1897 AS TO NURSING.

APPROVED: Moore 2820; Raw 2623; Rhodes 1576; Wates 2079; White 2161, 2178, 2216.

DISAPPROVED: Holland 3076, 3081; Wilson 129, 468.

EFFECT OF, ON SUPPLY OF PROBATIONERS: Atkinson 1237, 1256.

INCREASED THE DIFFICULTY OF OBTAINING NURSES: Stone 3327.

INSUFFICIENCY OF PRESCRIBED TRAINING OF SUPERINTENDENT NURSES UNDER. Atkinson 1244.

SUFFICIENCY OF PRESCRIBED DUTIES OF SUPERINTENDENT NURSE AND MATRON UNDER, Buckell 2645.

OUT-RELIEF NURSING. Rhodes 1548, 1584; Robinson 2476, 2501.

AS MEANS OF INCREASING EXPERIENCE AND DECREASING MONOTONY FOR WORKHOUSE NURSES: Bonser 3604; Buckell 2653, 2667; Davy 3294; Dury 1791; Fleming 3709; contra, Gibson 1876.

UNDERTAKEN BY HOLT-OCKLEY NURSING ASSOCIATION: Hobhouse 3813.

PAUPER ATTENDANTS IN SICK WARDS. Fleming 3693.

PAUPER NURSES. Humphreys 3037; Lee 897; MacNeill 209, 217.

See also under "Nurses."

POOR LAW OFFICERS' ASSOCIATION.

EVIDENCE FROM, Leach 1285-1354.

PORTSMOUTH.

EVIDENCE FROM, Dr. Knott 2346.

PREMIUM PAID FOR TRAINING OF PROBATIONERS. Lee 382.

PRESTON-THOMAS, H.

EVIDENCE OF, 3606-3648.

PROBATIONERS.

AGE OF, Hawkyard 1181; Hull 2787; Kett 534; LEACH 1348; Marquardt 2103; Rhodes 1607; Robinson 2526.

CLASS OF PERSONS BECOMING, Atkinson 1238; Davy 3282; Fry 2924; Hull 2765; Kett 566; Knott 2349, 2406; Leach 139; Lee 817; Stone 3328; Wates 2037; White 2165.

Class improving. Bonser 3580; Fulcher 2323; Gibson 2009.*In Scotland.* MacNeill 229.

DIFFICULTY IN OBTAINING, Atkinson 1237; Brown 2971, 2991; Stone 3328.

EMPLOYED AS ASSISTANT NURSES: Stone 3335.

EMPLOYED AS NURSES: Bonham-Carter 1; Hawkyard 1188.

EXAMINATION OF. *See* under "Examination."

INTERCHANGE OF, BETWEEN UNIONS UNDER YORKSHIRE SCHEME: Hawkyard 1195.

LEAVE POOR LAW SERVICE BECAUSE NO VACANCIES: Raw 2603.

LECTURES FOR, Atkinson 1249.

NO DIFFICULTY IN OBTAINING, Bonser 3578 (but *See* 3585); Buckell 2635; Carter 2948, 2962; Fulcher 2322; Hawkyard 1186; Hull 2718; Kett 536; Leach 1291, 1314; Lee 917; MacNeill 229; Macormack 1440; Marquardt 2086, 2089; Rhodes 1498; Robinson 2487; Tillotson 973; Vulliamy 1629; Wates 2033.

NOT RELUCTANT TO LEAVE HOME DISTRICT FOR TRAINING: Knott 2405.

PAYMENT OF, Kett 578; Knott 2377.

In Scotland: Barclay 289; Fleming 3711.

QUALIFICATIONS OF, Fleming 3698; Egerton 945.

RELUCTANT TO LEAVE THEIR OWN DISTRICT FOR TRAINING: Preston-Thomas 3637; Vulliamy 1627.

SALARY OF, Holland 3079; Knott 2377; Macormack 1443.

SHOULD BE BOUND TO SERVE A TERM OF YEARS AS NURSES IN POOR LAW SERVICE: Wilson 93, 421, 432, 439.

SHOULD NOT BE "BOUND" TO SERVE IN POOR LAW SERVICE FOR TERM OF YEARS: Fleming 3711; Gibson 1899, 1928, 1931; Kett 543, 642; Lee 802, 807.

SUBSEQUENT CAREERS OF, Atkinson 1270; Barclay 291; Hull 2704; Knott 2419; Leach 1352; Lee 806; Tillotson 957; Wates 2039; Wilson 18

TRAINING OF, Holland 3088, 3117; Marquardt 2105, 2114, 2125; Raw 2576; Rhodes 1539, 1545, 1604; Robinson 2518; Stone 3346; Vulliamy 1631; Wilson 93, 138, 156, 158, 421, 432.

At Portsmouth: Knott 2366.*By Meath Association:* Lee 809, 836.*In Scotland:* MacNeill 231, 233.*Need not be completed at same place:* Stone 3328; Tillotson 1148; Wilson 158.*Should not be allowed at non-training schools:* Hawes 757; Kett 570; Leach 1289, 1290, 1304, 1351.

TESTIMONIALS: Atkinson 1269.

PROPORTION OF PATIENTS TO NURSES. Barclay 263; Buckell 2671.

See under "Nurses."**QUALIFICATION OF PROBATIONERS, NURSES, AND SUPERINTENDENT NURSES.***See* under "Probationers," "Nurses," and "Superintendent Nurses" respectively.**QUARTERS, NURSES'.***See* under "Nurses."

QUEEN'S JUBILEE NURSES. Holland 3117.

RAW, DR.

EVIDENCE OF, 2544-2633.

READING UNION WORKHOUSE INFIRMARY.

EXCEPTIONAL POSITION AS TRAINING SCHOOL: Wilson 142.

REGISTRATION OF NURSES BY GOVERNMENT.

Humphreys 3069.

See also under "Nurses."**REGISTRATION OF NURSES BY LOCAL GOVERNMENT BOARD.**

Raw 2610; Sir H. Robinson 3135; Wilson 103.

REGULATIONS.

AS TO DUTIES OF SUPERINTENDENT NURSE (AT ATCHAM): Fulcher 2299.

AS TO NURSING ADMINISTRATION (AT STOCKPORT): Hull 2740.

AS TO RESPECTIVE POSITION OF MATRON AND SUPERINTENDENT NURSE: UNNECESSARY: Adcock 2858.

REGULATIONS DEFINING DUTIES OF MASTER, MATRON, AND SUPERINTENDENT NURSE.*See* under "Superintendent Nurse—Status."**RESIDENT MEDICAL OFFICER.**

DIFFICULTY OF APPOINTING, AT SMALLER WORKHOUSES: Brown 2987, 2994.

SIZE OF INFIRMARY WHERE NECESSARY: Hull 2714; Humphreys 3042. *See* also under "Medical Officer."**RHODES, DR.**

EVIDENCE OF, 1487-1614.

RICHMOND, MRS.

EVIDENCE OF, 2218-2237.

ROBINSON, DR.

EVIDENCE OF, 2475-2543.

ROBINSON, SIR H.

EVIDENCE OF, 3125-3213.

ROTHERHAM UNION.

EVIDENCE FROM, Hawes 690-772.

ROYAL NATIONAL PENSION FUND. Wilson 67, 407.

RUSS, MR.

EVIDENCE OF, 1673-1740.

SALARIES OF NURSES.*See* under "Nurses."**SANDERCOCK, MRS.**

EVIDENCE OF, 2238-2257.

SCOTLAND.

SYSTEM OF POOR LAW NURSING IN, MacNeill and Barclay 161-406.

SCRUBBERS AND WARDSMAIDS IN SICK WARDS.

APPOINTMENT OF, a source of friction between Master and Superintendent Nurse: Fry 2896.

DIFFICULTY AS TO, Dury 1773; Marquardt 2143; Rhodes 1560; Russ 1689; Tillotson 1166; White 2182; Wilson 452; X. 1395.

HOLT-OCKLEY NURSES AS, Broadwood 3750, 3767, 3775, 3798; Hobhouse 3819.

SHOULD BE PAID: Fleming 3695; Gibson 1982.

WHEN PAUPERS, SHOULD BE UNDER SUPERINTENDENT NURSE WHILE IN INFIRMARY: Kett 666.

SCULCOATES UNION.

EVIDENCE FROM, Robinson 2475-2543.

SEPARATION OF INFIRMARIES FROM WORK-
HOUSES. Wilson 20, 34, 107.

OBJECTIONS TO, Davy 3224.

PRINCIPLES TO GOVERN, Davy 3317.

SIZE OF INFIRMARIES WHERE POSSIBLE : Hawes 698, 760.

SERVANTS FOR NURSES.

See under "Nurses."

SICK IN SICK WARDS.

INCREASE IN NUMBER OF, Russ 1682.

PROPORTION REQUIRING NURSING : Davy 3253
Preston-Thomas 3645.

SHOULD BE REMOVED FROM SMALL COUNTY WORK-
HOUSES TO DISTRICT HOSPITALS : Hawes 768 ;
Humphreys 3019.

SHOULD BE SENT FROM SMALL TO LARGE WORK-
HOUSES : Wilson 123, 413.

UNWILLING TO COME TO POOR LAW INFIRMARIES TO
BE NURSED : Dury 1769, 1787 (but *See* 1794).

WILLING TO COME TO POOR LAW INFIRMARIES TO BE
NURSED : Brown 3000.

STANDARD CURRICULUM OF TRAINING FOR
NURSES. Raw, 2618 ; Robinson 2527 ; Tillot-
son 977.

See under "Curriculum."

STATUS OF NURSES AND SUPERINTENDENT
NURSES.

*See under "Nurses" and "Superintendent
Nurses."*

STOCKPORT UNION.

EVIDENCE FROM, Hull 2689-2790.

STONE, REV.

EVIDENCE OF, 3319-3558.

STORES FOR INFIRMARY AND SICK WARDS.

SHOULD BE ISSUED QUARTERLY BY MASTER ON RE-
QUISITION OF SUPERINTENDANT NURSE : Hawes
714, 737.

SHOULD BE KEPT BY SUPERINTENDENT NURSE :
Marshall 776 ; Wilson 442 ; X. 1367.

STRUCTURAL ARRANGEMENTS OF INFIR-
MARIES.

EFFECT OF, ON ECONOMY OF NURSING : Knott 2431,
2437.

SUBSCRIPTIONS BY GUARDIANS TO NURSING
INSTITUTIONS.

See under "Guardians."

SUPERANNUATION ACT (POOR LAW).

FAILURE OF, AS REGARDS NURSES : Preston-Thomas
3608.

NURSES CONTRACT OUT OF : Tillotson 1166.

SUPERINTENDENT NURSES.

AS MATRONS OF WORKHOUSES : Raw 2562.

DEARTH OF, Marquardt 2116.

DUTIES OF, at Linton. *See* Appendix. Wilson
136, 442, 443, 488.

EXAMINATION : Macormack 1406 ; Tillotson 1163.

FRICTION BETWEEN, AND MASTERS AND MATRONS :
See under "Friction."

GRADES OF, Vulliamy 1644.

INCOMPETENCE OF, AS ADMINISTRATORS : Fulcher
2281. *See also* "Nurses—Administrative
Capacity."

SUPERINTENDENT NURSES (*Continued*).

INDEPENDENT OF MATRON.

In Scotland. MacNeill 185.

LEAVE OF, Wilson 444.

NO DEARTH OF, Gibson 1928.

NO GENERAL DESIRE AMONG NURSES TO BECOME, Lee
908.

POSITION AND FUNCTIONS OF, Atkinson 1243, 1261 ;
Davy 3222, 3290 ; Egerton 928, 947 ; Fleming
3683, 3698, 3726 ; Gibson 1842, 1860, 1975-7 ;
Hawes 721 ; Kett 661.

In Scotland : Barclay 273, 322, 332 ; Mac
Neill 185.

QUALIFICATIONS AND TRAINING OF, Broadwood 3751 ;
3771 ; Holland 3117 ; Knott 2359 ; Leach
1293 ; Stone 3338 ; Tillotson 984, 1148,
1162 ; Vulliamy 1623, 1661.

Midwifery. Broadwood 3751, 3771 ; Fleming
3700 ; Hobhouse 3821 ; Marquardt 2111 ;
Rhodes 1600. *See also under "Midwifery."*

Necessity for experience in Administration :
Fulcher 2281 ; Gibson 1829, 1951.

*Necessity of Training under Resident Medical
Officer.* *See under "Medical Officer."*

*Prescribed Training under Order of 1897 in-
sufficient :* Atkinson 1244.

*Qualification should be by examination rather
than by training :* Hawkyard 1202 ; Leach,
1293.

*Training in non-training school should count
towards qualification as Superintendent
Nurse :* Buckell 2636 ; 2682 ; Carter 2951,
2959 ; Egerton 926 ; Fleming 3714, 3721,
3723 ; Hawkyard 1195, 1199 ; Leach 1345.

*Training under Resident Medical Officer un-
necessary :* Bonser 3583, 3586 ; Fleming
3670 ; Hull 2735 ; Kett 628 ; Leach 1320.

SALARY OF, Russ 1711.

SHOULD HAVE POWER TO SEND FOR MEDICAL OFFICER :
X. 1380.

SIZE OF INFIRMARIES IN WHICH SUPERINTENDENT
NURSE NECESSARY :

In England : Davy 3255.

In Scotland : Barclay 365 ; MacNeill 179.

STATUS OF, Holland 3079, 3112 ; Macormack 1423 ;
Moore 2815 ; Raw 2562 ; Rhodes 1514, 1517,
1566 ; Richmond 2225, 2227 ; Robinson 2495 ;
Sandercock 2242 ; Tillotson 981, 994, 1172 ;
Wates 2080 ; White 2168 ; Wilson 498 ; X. 1367,
1374, 1380.

SUPPLY OF, Raw 2559.

TENURE OF OFFICE OF, Davy 3258, 3272 ; Fleming
3713 ; Leach 1303, 1342 ; Preston-Thomas 3641 ;
Rhodes 1608.

UNTRAINED PERSONS APPOINTED AS, Kett 587.

TABLE APPOINTMENTS FOR NURSES.

See under "Nurses."

TEMPORARY NURSE.

DUTIES OF MASTER AS TO ENGAGING,

See under "Master."

USE OF, UNDER ARTICLE 5 OF NURSING ORDER 1897 :
Fleming 3698.

TENURE OF OFFICE OF NURSE AND SUPERIN-
TENDENT NURSE.

See under "Nurse" and "Superintendent Nurse."

TILLOTSON, MR.

EVIDENCE OF, 954-1177

TRAINING OF NURSES IN POOR LAW INSTITUTIONS.

AT NON-TRAINING SCHOOLS, SHOULD NOT BE ALLOWED :
Wates 2046, 2055 ; Wilson 138.

DETERIORATION OF, Raw 2545.

VALUE OF, Gibson 1894 ; Raw 2550, 2552, 2601 ;
Rhodes 1612 ; Tillotson 1021 ; Vulliamy 1655 ;
Wates 2064 ; Wilson 61.

TRAINING SCHOOLS FOR NURSES.

BOARD SHOULD PRESCRIBE MINIMUM NUMBER OF BEDS
FOR, Gibson 2010.

CAPACITY OF EXISTING, Humphreys 3045.

DEFINITION OF, Macormack 1457 ; Sir H. Robinson 3145 ; Wates 2057 ; Wilson 148, 150.

DIFFICULTY OF DEFINING, Davy 3289 ; Fleming 3670 ; Gibson 1820.

EXISTING NUMBERS OF, INSUFFICIENT : Humphreys 3060 ; Vulliamy 1627 ; Wilson 140.

NECESSITY FOR PRESCRIBING WHAT SHALL BE, Sir H. Robinson 3127.

NEED OF RESIDENT MEDICAL OFFICER FOR, Sir H. Robinson 3140. *See under "Medical Officer."*

NUMBER OF, Gibson 1855.

REGISTER OF, Fleming 3708 ; Leach 1353.

SHOULD RECEIVE GOVERNMENT GRANT : Wilson 436.

SIZE OF, Humphreys 3040 ; Knott 2440

WHAT CONSTITUTES, Barclay 279, 339, 389 ; Knott 2356, 2396, 2441 ; MacNeill 202.

TRAMPS.

WAITING ON, A GRIEVANCE OF NURSES : Lee 845, 908.

TWINING, LOUISA.

EVIDENCE FROM, *See Appendix XIX.*

UNIFORM OF NURSES.

See under "Nurses."

UNTRAINED PERSONS EMPLOYED AS NURSES.

See under "Nurses."

VISITING SICK WARDS.

DUTIES OF MASTER AND MATRON AS TO,

See under "Master" and "Matron."

VULLIAMY, MR.

EVIDENCE OF, 1615-1672.

WARDSMAIDS.

See under "Scrubbers."

WAR WITH BOERS A CAUSE OF DEARTH OF NURSES. Tillotson 976.

WATES, Mrs.

EVIDENCE OF, 2017-83.

WELLS UNION.

EVIDENCE FROM, Russ 1675-1740.

WEST BROMWICH UNION.

EVIDENCE FROM, Adeock 2836-71.

WEST DERBY UNION.

EVIDENCE FROM, Raw 2544-2633.

WHITE, Mr.

EVIDENCE OF, 2155-2217.

WILSON, Miss.

EVIDENCE OF, 3-160 ; 407-504.

WORKHOUSE INFIRMARY NURSING ASSOCIATION.

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WORKHOUSE MASTERS AND MATRONS' ASSOCIATION.

EVIDENCE FROM, White 2155-2217.

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YORKSHIRE NURSING BOARD SCHEME.

APPROVED : Brown 2983 ; Marquardt 2107 ; Tillotson 1005.

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APPENDIX I.

I.—MR. BAGENAL'S REPORT.

NURSING IN WORKHOUSES MEMORANDUM.

1.—As to any Difficulties in Obtaining Nurses.

My experience has generally been that the main difficulty in getting nurses has arisen in small country workhouses.

The reasons for this difficulty are:—

- (a) Inadequate salary.
- (b) Bad accommodation.
- (c) Long hours and monotonous occupation.
- (d) Dislike of young people for quiet country places and districts.

It has occurred to me that the nursing of the outdoor poor might be carried on in a rural district by the workhouse nurses to a certain extent. Possibly this extra outside work might be an attraction to a fully certified nurse who has no fancy for the mere daily routine of looking after old people dying of senile decay. She would be able with an assistant nurse to look after the few workhouse patients, and to make daily tours of the outdoor sick poor. An experiment of this kind on a rather large scale was tried last year at Sculcoates, but it has recently been abandoned. A similar scheme is working at Rochdale.

2 and 3.—I have no observations to make on these heads, as they appear to me to belong more to the region of medical experts. On general grounds, however, I think that the qualifying age of probationers should not be lower than 21. I would also add that my own strong feeling is that probationers should not be allowed in any rural workhouse, where the medical officer and superintendent nurse are unwilling to undertake their training and teaching. In all cases probationers should be fully informed on going to any workhouse where there is not a resident medical officer that they cannot qualify for the best positions in the profession.

I attach a scheme for training of nurses, which is being just now considered by an association of Yorkshire unions, and also a pamphlet by Miss Wilkie, till lately superintendent nurse of Halifax Workhouse, who has recently gone to South Africa.

4.—All my experience makes me believe that the less the matron has got to say to the sick wards—where there is a properly qualified superintendent nurse—the better the administration, and the less likelihood there is of friction.

Two years ago, at Ecclesall Bierlow, there was great friction between the master and matron, and the superintendent nurse. The result was that the guardians obtained sanction from the Local Government Board giving the superintendent nurse the powers of a matron, and this worked out most satisfactorily. Since then the master and matron have gone away, and a new master and matron have come. The Board have continued the arrangement, which I believe to be beneficial.

There was great friction also between the late master of the York Workhouse and the late superintendent nurse, so much so that the late superintendent nurse left, saying she could not stand it.

There has also been another kind of friction at the newly-opened Poor Law Hospital at Halifax, where the matron (Miss Wilkie) resigned lately owing to some unpleasantness with the steward. The guardians are desirous of giving the steward full command over all the male servants of the hospital, and I confess I agree with them. I do not see how the matron can deal with engineers, and skilled workmen of that sort, who are employed about a large institution. I refer, however, to the file for further details on this case.

February 1st, 1902.

P. H. BAGENAL.

REPRINT OF PAPER on the best means of providing and training nurses for the indoor poor, read at the Central Poor Law Conference, London, February, 1899, by Miss C. S. WILKIE, Lady Superintendent of the Halifax Workhouse Infirmary.

Year by year the question of the nursing of the sick poor in the workhouse infirmaries has been brought under the notice of conferences, and with the years the aspect of the question has altered. In its earlier presentations the necessity for trained nursing was the point upon which conviction was needed. When that was attained, the position and treatment of the nurses became the matter of the moment; and to-day the consideration of the question of the inadequate supply of nurses qualified to fulfil the requirements of the Nursing Order of 1897 is of paramount and vital importance. That order, like so many others, does not go to the root of the evils. It merely suggests palliative treatment. It is weak. It forces slight improvements on existing conditions, but the Local Government Board fails to recognise its responsibility for these conditions, or its responsibility or power in the alteration of a state of affairs admittedly wrong.

The "Times" inquires, in an article published 22nd December, 1897: "Where are the nurses now to come from for the carrying on of Poor Law work? . . . The effect of the new order will be to make the demand for trained nurses for infirmaries greater than ever, and now that the Workhouse Infirmary Nurses' Association has stopped work, it is thought that the Local Government Board will be compelled to take some definite action in the matter. There is reason to believe that that body has not sufficiently realised the difficulty in the way of securing competent nurses for workhouse infirmaries under present conditions; but the question arises whether the Central Poor Law authority will not now be forced to establish some system of its own for the training of nurses for Poor Law services as it already does for the Army and Navy, and at the same time to reorganise the whole system as regards the status of the nurses when they have been trained."

The "Lancet," in its issue of 11th December, 1897, remarks, "There is no doubt that the time has now come when the central authority shall take up the matter of organising a training school for workhouse nurses, and for introducing reform as regards increased salaries, pensions, regulations for duty, and the like, so as to constitute a separate and more attractive service of its own on the same lines as has been recently done in the Army and Navy."

These suggestions and hopes have not yet been realised. To any one practically interested in the care of the sick poor in the workhouse infirmaries (a care which should not be limited to their bodies), the need of a radical change must be very apparent—a change which, to be thorough, must be revolutionary, which must clear away abuses root and branch, and replace an inefficient system with one which shall provide in entirety for the needs of the patients and the nurses. Alteration to meet one or another of these needs will not suffice. The alteration should meet all needs.

In order to induce you to give your attention and influence to the desirability of a revolutionary change, it is necessary to point out to you that the present system is unsound in principle and defective in operation; that it leads to a serious amount of wrong; and to lay before you just and reasonable proposals, which, if carried out with completeness, would be effective in operation.

A primary consideration is the nurse. What is the qualification for a trained nurse. To such a question there is no satisfactory reply. It is a matter of opinion—opinion as various as are the knowledge and capacity of the multitude. There is no standard. Every hospital sets its own. There is neither uniformity of

training nor of standard of attainment. Is that not a fundamental error?—an error which might, and ought to be remedied without delay. Why should the Local Government Board not constitute a nursing department, worked by a committee formed of professional and lay members—a committee which should formulate a general scheme of training in detail, and which should be an examining body. All examination questions should emanate from that source. Examinations should be held at fixed intervals, and all papers of answers should be returned to, and judged at, headquarters.

The age at which probationers should be received to be decided by the department. Each nursing school should have the choice of candidates for that school, but such candidates only to be admitted on three months' trial, at certain stated periods, after satisfying the requirements of the examining body as to their general knowledge. The time of training should be fixed at four years. During the first two of these years no salary should be paid; board, lodging, washing, and uniform should be provided, and training fees should be charged. Why should a nurse receive training at no monetary cost—on the contrary gain to herself—while a medical, or any other student, has to pay for all his knowledge? Knowledge paid for is generally valued.

In order that otherwise suitable women should not be debarred from entering the service, scholarships should be established, the funds for the provision of such scholarships to be acquired by capitation grants to each training school. Prizes and medals should be given for proficiency; but not for proficiency in theoretical work alone. In connection with the nursing department there should be a staff of nursing inspectors who would visit, inspect the hospitals, and examine the probationers in practical work. Such examinations to be on regular and fixed lines, at regular and fixed periods. Certificates of a definite value should be granted by the department to probationers according to merit and proficiency at the end of two years.

In the succeeding two years further development of character and powers of management and organisation should be specially encouraged. A salary should be paid during these two years.

The question of all salaries should be one under the control of the central authority, who would also be required to draw up general and detailed rules for use in all the infirmaries. The matrons of such training schools should be selected with much care. Influence should be no factor in their selection; they should be chosen on account of their special fitness for such posts. They should be women of great moral and mental force, able to judge and develop character—women of great personal influence, with an infinite capacity for taking pains, self-reliant and self-controlled, and with an unlimited fund of enthusiasm.

Such a scheme, if carried out, would put the training and certification of nurses on a definite basis. There would be a minimum standard of training and a minimum standard of proficiency.

Let it be clearly understood that in its working each school would be independent, but it would have to follow some definite plan of teaching as laid down by the central authority, just as a boys' school entering pupils for the Oxford or Cambridge local examinations has to carry out some definite preparation, and as the boys have to pass a definite examination common to boys entering in all parts of England, so all the probationers in all the training schools would have to pass an examination common to all—an examination set by the central authority as the Oxford or Cambridge authority sets it for the boys; and as the answers are examined and marks awarded by these authorities, so would the answers of the probationers be examined and marks awarded by the central authority. It is foolishness to allow each hospital to set its own standard. The result is astonishing diversity of teaching and certification, some certificates not being worth the paper on which they are written.

The necessity for some definite standard of training and proficiency is becoming more apparent to Boards of Guardians. The petition of the Norwich Board of Guardians, and the support it has received, are proofs of that necessity, and of the desire that the necessity should be relieved. But the carrying out of such a scheme as that suggested in the petition would merely result in the establishment of a separate class of nurse of very limited attainment, much below the highest level of the profession. The aim should be to provide

the Poor Law service with the best possible. Contentment with less should not be entertained for a moment.

But it may be asked: How would the establishment of the training and certification of nurses on definite lines help the smaller workhouse infirmaries to solve the difficulty of the supply of nurses? Only in so far that a certificate would have the definite value it at present lacks. The supply might be guaranteed under a scheme by which the smaller workhouse infirmaries would be worked in association with the larger ones. Miss Gibson, of the Birmingham Workhouse Infirmary, read a paper last May at the West Midland District Poor Law Conference, in which she suggested that the large training schools might train for the smaller workhouses. But the nurses sent out from the large schools, as at present constituted, would find the same monotony and difficulties in the small workhouse infirmaries as are found by the nurses who now take such appointments only to give them up after a short time. The fact that the nurses were under agreement with the central authority, as Miss Gibson suggests, would not make the conditions less irksome. But the difficulty might be overcome by grouping the infirmaries in districts, counties, or parts of counties, but districts whose limits would have to be defined by expert knowledge. Such districts must each have within them an infirmary properly equipped in all respects, which would be a training school for the district. Nurses would be sent out from that school in turn to the smaller infirmaries, just as they would be sent from ward to ward in the training school. The nursing of the whole district would be under one control, and would be raised to the same level. The nurse sent to a small country infirmary would know that the monotony was only a temporary thing, and the nursing would have to be as well done as if she were in the wards of the central infirmary, and, under less favourable circumstances, she probably would find her powers of self-reliance and resource develop. She would learn adaptability. She would be imbued with the best traditions of her school, and would bring some of the influences of her larger life to bear on the more narrow life of the small isolated infirmary. The whole cost of Poor Law nursing—salaries, maintenance, grants, travelling expenses—should be borne by the nursing department, who should receive a rate, proportionate to the number of sick for whom provision was made, from each parish or union, and would from that source meet all the cost involved in the provision and maintenance of a recognised system of training and nursing. Or the financial arrangements might be altogether—as it is now partially—left in the hands of the county councils.

That immense trouble would be involved in the development of the details of such schemes, that the initial cost might be high, that there would be many prejudices and obstacles of one kind and another to overcome, is unquestionable. But that reform is a necessity is as unquestionable. Would the schemes suggested make for the necessary reform?

It is almost impossible within the limits of a paper so large and general in its subject to enter into details—details calling for the consideration of experts, candid and reasonable men and women, who will bring a large and generous perception to bear on the condition and possibilities of the nursing of the sick poor in the workhouse infirmaries.

The problem has to be faced. It should be faced boldly, and it would be if the hearts of all guardians and Poor Law authorities could be stirred by the thought of the sick, the lonely, neglected sick, who spend their lives within the same walls day after day, year after year, tended often by selfish, careless, uninterested hands, here to-day and gone to-morrow, free to flee the monotony which must be endured by the sufferers, perhaps but ill in the early days, but bound to them by the cords of pain and helplessness.

Do the suggestions embodied in this paper meet the difficulties of the existing state of affairs? Would not a definite and recognised system of training elevate the status of nurses, raise the whole tone of the profession, and would not the minor difficulties of the place and treatment generally of the workhouse infirmary nurse disappear?

To consider the causes of the minor difficulties would be very instructive, and if what may be called the patchwork policy is to remain in force, unquestionably such consideration might result in the modification of the existing errors, if not in their removal.

It is a very significant fact that most of the Local Government Board inspectors in their yearly reports to the Local Government Board dismiss the subject of the condition of the hospitals and the nursing of the

sick in their districts in a short, generalising paragraph.

The reports of Mr. Bagenal, Mr. Baldwin Fleming, and Mr. Preston Thomas are the exceptions. Mr. Bagenal pleads for a better type of woman as well as nurse, of women worthy to be classed with Miss Nightingale. But he must remember that Miss Nightingale was exceptional in her day and generation, and that her work was done in exceptionally stirring times. There are women of equally noble type to be found to-day taking "the daily round the common task," and making them glorious. But because it is "the daily round the common task," with no environment of exceptional circumstances, the greatness of character and work are overlooked in the press of a commonplace community.

Many unions find a great difficulty in getting nurses. To take a typical case. The clerk to the Chipping Norton Guardians reported that he had advertised for an assistant nurse, at a salary of £26, and for a certificated nurse, at a salary of £30. To the former he received no reply; to the latter, one from an unsuitable person. The advertisements were inserted in the local and county papers. Let it be well remembered that the best class of nurse looks for professional advertisements in a professional paper, and not in local and county papers.

Would not the appointment of women inspectors—trained nurses, women of the best type, and possessing critical and suggestive faculty—mean a better understanding of the errors of the present system; would not the weakness and the strength be more accurately gauged, and, as a result, improvements suggested and effected? Detailed knowledge of the general existing conditions is necessary before permanent reform can be achieved.

Miss Julian, Matron of the Croydon Workhouse Infirmary, pointed out in the paper she read at the general meeting of the London and District Poor Law Officers' Association last month, that the position of the small infirmary nurse is very lonely compared with the life of her fellow-nurse in the small general hospital, and lacks the relief of sympathy and change brought by the interest the outside world take in the hospital nurse. The monotony of the daily life and the isolation have a depressing tendency on the average nurse. Isolation means to so great an extent helplessness.

A nurse leaves her training school to take up work in a small isolated workhouse infirmary. She finds the convenient, well-planned sick wards replaced by inconvenient, unsuitable accommodation; the supply of the materials essential for the proper performance of her duties inadequate and absent; the manual help required equally inadequate or absent. The work of her training school was well organised—she finds a lack of organisation and a slackness of administration. And let it be emphasised that the maladministration of the workhouse is a leaden weight of depression on the spirits of many enthusiastic capable women. The letter of the law may be kept, but the spirit is lacking.

In the training school the material comfort of the nurse was considered. She now finds her quarters less comfortable. She worked the definite number of hours each day. She had definite hours of relaxation away from the wards, to which she returned refreshed; now she finds her hours of relaxation reserved for one afternoon in the week. She had the companionship of her fellow nurses generally, the friendship of the few, to share her off-duty time. She could talk, work, read, walk, in the midst of that friendship and companionship. Now she is always alone. Her food, of well-varied character, was well cooked and nicely served, and eaten in the cheerful company of her fellows. All is altered. Beef and mutton and rice pudding run their unchanging course, and probably must be cooked by the nurse or an inmate, and possibly in the nurse's room, and eaten in solitude. Can it be wondered that the nurse's appetite flags under these circumstances, and that her general health and spirits sooner or later fail? The general difficulties and discomforts then become magnified, and are less easily grappled with. The moral, mental, and physical strain becomes very tense. She feels it is no use working under those conditions any longer. To a working woman health is of primary importance, and she gives up the struggle, and seeks work under more healthy conditions. Can her action excite surprise?

The position of the nurse in regard to the master and matron is a fruitful source of unrest. To-day the Local Government Board demands from its nurses evidence of technical and specific training as qualifica-

tion for an appointment. But though it lays down certain definite rules and regulations as regards the duties and powers of the master and matron, it requires no evidence of the moral, mental, or technical training of those important officials. Boards of Guardians fail to realise that a man and woman may be of a most estimable type, but quite unsuitable for the position of master and matron of a workhouse. The scope for moral force resting in the power of such authority is to an enormous extent overlooked. The matron is perhaps appointed apparently for no other reason than that she is the wife of the master. She may be a woman who would repay training, but she has it not, and just as surely as musician, painter, or preacher would fail to enthral us without having the natural gifts trained and developed, so does the untrained material present in the matron fail to be a power in the workhouse. Her lack of training, and consequently understanding, must produce many of the difficulties in the life and work of the nurse. She has no comprehension of the situation and its requirements.

A remedy would be that the Local Government Board should make it compulsory that the matron of such workhouses as have an insufficient number of sick to warrant the employment of a superintendent nurse, should be herself a trained and certificated nurse, having, in addition to such special training, training in the duties of a matron, and that such training should not only be technical, but also ethical. She should be able to handle men and women.

In small workhouses requiring a superintendent nurse the office might be combined.

It should be noted that it is no more necessary that the matron should be the wife of the master than that the superintendent nurse should be the wife of the doctor, or the matron of an infirmary separate from the workhouse should be the wife of the medical superintendent.

In those workhouses where a superintendent nurse is required, the adoption of the most excellent rules of the Scotch Local Government Board would be of inestimable benefit.

They are as follow:—

Rules and Regulations for the Management of Hospitals and Infirmarys in Poorhouses where a Trained Head Nurse or Lady Superintendent is employed.

The following rules and regulations shall come into operation when the appointment of a trained head nurse or lady superintendent, together with a statement of her salary, age, and previous experience has been reported to the Board of Supervision, and the Board have expressed themselves satisfied as to her fitness for the responsible duties of the office:—

1. The matron of the poorhouse shall have no jurisdiction within the hospital, and she shall exercise no authority therein; neither shall she be held responsible in any way for its condition as to cleanliness, or the condition of the patients as to their persons, bedding, or clothing.

2. The position of the trained head nurse or lady superintendent of the hospital shall be the same in all respects, in relation to the house governor, as that of the matron of the poorhouse to the house governor as regards ordinary inmates; and the lady superintendent shall be guided in the discharge of her duties, and in the management of the hospital, by the rules and regulations of the Board of Supervision for the Management of Poorhouses, in so far as they can be applied, and she shall conform to any additional rules which may be deemed necessary by the house committee and approved by the said Board.

3. It shall be her duty to superintend the nurses employed in the hospital, suspending and reporting to the governor any who may be found insubordinate, inefficient, or otherwise unsuitable.

4. She shall take charge of the property of the parochial board (or combination) within the hospital, and check damage, waste, and extravagance.

5. She shall take charge of all ordinary inmates employed in the hospital, pointing out to them their duties, and reporting to the governor in case of their disobedience or insubordination.

6. She shall maintain discipline, cleanliness, and order within the hospital.

7. She shall conform to the instructions of the medical officer as to the treatment of patients, and as to all matters affecting the dietary and hygiene of the hospital.

8. In all other matters she shall obey the regulations of the hospital and the lawful orders of the house governor.

Would not the adoption and enforcement of these rules by the English Local Government Board define the position of the head nurse or lady superintendent, and make the working of the present nursing order more satisfactory?

Surely there is no need to emphasise the injustice of demanding evidence of definite training and knowledge from nurses, and then placing them under untrained authority.

The appointment of female inspectors, the enforcement of a rule that the matrons of all workhouses

should be definitely trained as matrons, with additional training as nurses when their appointments are to workhouses where there are no superintendent nurses, or where the appointments might be combined, would inevitably result in incalculable benefit to the nurses and the sick; but they should be supplementary to, not in place of, a definite system of training and certification as suggested in the early part of this paper.

It would be useless to attempt to induce this Conference to express their approval and adherence to these schemes and suggestions by any personal persuasion. If you can be induced to support them it will only be by the unimpeachable evidence you must all have of the absolute necessity for alteration in the existing conditions.

2.—MR. BALDWIN FLEMING'S REPORT.

MEMORANDUM FOR THE NURSING IN WORKHOUSES COMMITTEE.

1. The difficulties in obtaining properly qualified nurses in workhouses have, I think, been a good deal pressed upon insufficient grounds by those who are anxious to bring about a very radical change in the position of nurses upon the workhouse staff.

These difficulties may probably be safely classified under two heads only—

- (1) The relation of the nurses to the master and matron.
- (2) The circumstances and surroundings in which workhouse nurses have to perform their duties.

(1) The relation of the nurses to the master and matron under present regulations is not objectionable where the officers desire to work together, and where the guardians wish to prevent friction.

Certain articles of the Gen. Cons. Order have, however, become obsolete for beneficial purposes, though they do offer opportunities for friction where the matron and the nurse are not disposed to be pleasant to each other.

It is scarcely practicable to suggest an amendment which would be universally satisfactory, and it seems almost necessary that the regulations should be framed differently to meet the difference in the classes of workhouses.

The friction arising from the relations between the officers may to a considerable extent be regarded as of a temporary character, however irritating it may be now. As the present generation of master and matron dies out it will be succeeded by officers who have become accustomed to, and accept, the new order of things.

(2) The circumstances and surroundings are in the smaller unions a much more real difficulty. It can readily be overcome, but only in one way—by spending the requisite amount of money.

The details are numerous. The following are some of them:—Salary, rooms, service, dietary, cooking, food, table appointments, nursing appliances, carelessness of workhouse medical officers, insufficient assistance for menial work, leave, visits to and from friends, washing, uniform, night nursing, linen, and other supplies, companionship, recreation, etc., bathing and w.c. accommodation, fire and lights, etc., etc.

These are all points upon which the comfort and well-being of the nurse depends, and they (and many which might be added) may all be met in a greater or less degree by spending money.

In the very small workhouses, where frequently there are no acute cases, it is quite open to question whether it be advisable to keep a trained nurse in constant employment.

The better plan is to have some reliable and sufficiently competent person to attend to ordinary ailments, and to obtain a trained nurse or nurses from a nursing institution when acute cases require treatment.

2 and 3 are so closely connected that they cannot easily be treated separately.

The regulations, qualifications, and training of probationers must depend very much upon those of the medical officer and superintendent nurse.

With regard to the latter, in my opinion, the present requirements should be to a certain extent relaxed, so as to admit of training to qualify in such an institution as the Farnham Workhouse Infirmary, where there is no resident medical officer, but where the training will (as I hope) be excellent, although there are not 150 beds.

I have recently sent the Board a minute upon the suggested arrangements for Farnham Infirmary, in which my reasons for the above suggestion were stated at some length, and which would perhaps place the case from that point of view before the Committee with some advantage.

At the same time circumstances may change at such a place as Farnham. A keen medical officer and a capable superintendent nurse may at some future time be succeeded by a careless medical officer and an incapable superintendent nurse. Therefore the training ought only to qualify, so long as it is efficient, and there should be some safeguard in the shape of a test of its efficiency. This I proposed to obtain by an independent yearly examination. The demand for nurses is so great that it seems to me regrettable that the Board should lay down any rules which will limit the supply so long as the supply is good.

I do not know what qualifications can be required of probationers on admission beyond respectability and a certain amount of education.

The training may no doubt be prescribed, and the evidence which the Committee will hear will show how far it may be wise to prescribe the course of training. If the regulations for training are to be of general application, it will probably be prudent not to make them too precise. Good practical information upon this point could be afforded by the authorities at the Portsmouth Workhouse Infirmary, where the probationers are now in their first, second, and third years, the present system having been started by the medical superintendent (Dr. Charles Knott) nearly three years ago. The results there have, I believe, been quite satisfactory up to now.

4. The master's and matron's duties with regard to the sick under the Gen. Cons. Order should be brought into line with modern conditions, but the altered regulations could not, as it seems to me, be made uniform for all workhouses.

The Board were good enough to issue a special order to Farnham and Basingstoke Unions when the new infirmaries were opened, relieving the master and matron of the duty of the daily visitation of the sick wards, and placing the responsibility for the supervision of those wards upon the superintendent nurse. It would probably be safe to issue a similar order to all workhouses where there is a superintendent nurse.

I understand that the order has worked without causing trouble at Farnham and Basingstoke. It is scarcely necessary to point out that the provision of the Gen. Cons. Order, which requires the master to visit the male, and the matron the female, sick wards (practically after the patients are settled off) in the evening is an absurdity nowadays where trained nurses are in office.

In drawing up any new rules many points must be taken into consideration. For instance, there are several workhouses where the maternity wards are in the main building, although there may be separate accommoda-

tion for the general sick in other blocks. In other houses the sick wards are very scattered, some in the main building, some in separate blocks, *e.g.*, at Alverstoke. It is not easy in such places to define precisely where the matron's and the nurse's duty begins and ends. Therefore, there will be danger in laying down rules which may not be applicable to the almost endless variety of conditions which exist in the different workhouses throughout England and Wales.

The friction between masters and matrons and nurses is a very old story. So far as existing regulations (which, by-the-by, were drawn up in 1847) tend to create or to perpetuate it, they should no doubt be modified.

It will not be very difficult to modify the articles which now impose upon the matron the chief responsibility for the care of the sick, but it will be much less easy to draw up rules for defining the duties of the superintendent nurse, and of the nurses under her. Such rules ought certainly to contain a considerable

element of elasticity, and it must be remembered that the question of night nursing should be adequately dealt with.

It does not seem to me practicable to draw up any one set of rules defining the separate duties of matrons and nurses which shall be applicable to all classes of workhouses.

Take for instance, Catherington Workhouse, with about 12 inmates and no permanent nurse, as compared with Portsmouth Workhouse Infirmary, with 600 inmates and a staff of 50 or 60 nurses and probationers.

There are, perhaps, some matters, such as the Farnham and Basingstoke Order, the arrangements at Portsmouth, the intended arrangements at the new Southampton Infirmary, upon which the Committee may think I could give information of some service to them. If so, I shall, of course, consider myself to be at their orders, and shall be happy if I can be of use.

12th February, 1902.

B. F.

3.—MR. BIRCHAM'S REPORT.

Chepstow, 28th January, 1902.

Dear Sir Samuel Provis,—In reply to your letter of the 18th inst., enclosing a copy of the four points relating to the nursing of the sick poor in workhouses, I have the honour to state :—

(1) I have not heard of any difficulty, recently, in securing the services of properly qualified nurses and assistant nurses in this district, where adequate salaries are offered, and suitable accommodation is afforded. Taking the Cardiff Union as an example, some years ago they offered £25 rising £1, I think, to £30, and could get but few applicants, nor would the nurses appointed stay. The salaries were then raised to £28, rising £2 to £32, since when, though the number of applicants when a vacancy occurs has not been great, still the nurses are good and remain in their situations. It must be borne in mind, however, that in Wales the number of trained nurses in workhouses is not great. There are many very small establishments to which trained nurses of good character would not go; the work to be done for mostly a few chronic cases not being of sufficient interest to attract them, and I think this must always be the case. The difficulty of language—in North Wales chiefly—does not now exist to the same extent as at first, as the number of Welsh-speaking trained nurses is on the increase, and sufficient for the nurses required in those parts, at present at all events.

(2) As to the qualifications and training of probationers, this is perhaps more a question for the medical inspector to advise upon; but I certainly think that it would be desirable that the Board should draw up some syllabus of lectures and training, which it should be necessary for probationers to undergo, and that any union adopting the system of probationers should submit a plan to the Board for their approval on some such basis before the Board issued a certificate to that union as a training school for probationers. It is perhaps a question whether it is not desirable for a medical inspector of the Board to hold periodical examinations of probationers for nurses' certificates, which would stamp their certificates with a higher mark to act as trained nurses thereafter.

(3) According to the Workhouse Nursing Order, a superintendent nurse must have had three years' course of instruction in a hospital which is a training

school for nurses and maintains a resident medical officer. I am not sure that "maintaining a resident physician" is necessary. In one of my unions, Merthyr Tydfil, the medical officer, who is non-resident, has some twenty or more probationers, and he and the superintendent nurse give lectures, etc., systematically, with, so far as I can learn, very good results; as good as if he resided at the workhouse. Moreover the class of young resident assistant medical officers is not numerous or of a superior type. There has been a difficulty in getting satisfactory appointments to these posts in the only two unions in this district where such appointments have been made.

But, in any case, if workhouse hospitals are to be training schools for nurses, they should in each case have a certificate from the Board, that they can be so regarded, so as to hall-mark the nurses trained there, and enable guardians of other unions, when selecting a nurse, to know that they can rely on a nurse coming from such union complying with the requirements of a properly trained nurse.

(4) I have not found any serious case of friction between superintendent nurses and master or matron, and I think the order is wisely elastic in that respect.

The only cases of friction that have occurred in my district have been where there is only one nurse, or, at all events, no superintendent nurse, and the matron has been narrow-minded and ill-educated; and to this end I certainly think that the duties of a nurse as prescribed in the G.C.O. might well be modernised and improved, and I should insert in such duties a somewhat similar clause to what is now to be found in Superintendent Nurses Order, *viz.*, that the nurse is responsible for the treatment of sick under her charge to the medical officer, whose orders and instructions she is to obey, and for matters of discipline, etc., under the master and matron. I think this is important.

For the rest I may say that I do not know that I could be of any use in coming to give evidence, as there must be other inspectors whose districts, containing, as they do, a far larger proportion of important infirmaries, requiring a much greater staff of nurses, whose evidence would be of more use than mine.

Yours very truly,

F. T. BIRCHAM.

4.—MR. DANSEY'S REPORT.

WORKHOUSE NURSING.

Considerable difficulties have been experienced in my district in obtaining qualified nurses, more particularly in the smaller and the rural workhouses. In the more urban workhouses, generally the largest, the supply of nurses has been fairly good and this may be accounted for by there being more outside attrac-

tions, by there being more opportunities for learning their profession, and, lastly, by probationers being enabled in a few cases to gain certificates for the post of superintendent nurse. In the smaller workhouses, where the sick wards for weeks have none but old and infirm cases, I urged some years ago that, when the

medical officer of the workhouse was also medical officer of the adjoining district, the medical officer should, under the Board of Guardians, be allowed to use his discretion as to employing the nurse for outside cases. This would probably induce the guardians to offer a higher salary, and would go far to break the intolerable dullness of a nurse's life in a small rural workhouse.

There are evident difficulties in the way of such a scheme; but I believe they can be overcome.

Better accommodation for nurses is, I am sorry to say, needed in most of the smaller workhouses.

It would be of great advantage if some scheme could be devised that would give more encouragement for respectable young women to go in for workhouse nursing. Most of them naturally wish to qualify for the post of superintendent nurse but it seems to me that more facilities should be given them to attain this object. Comparatively few appear to care to go in for hospital training early, and there are only two workhouses in my district where a probationer can gain a certificate for the post of superintendent nurse. I am inclined to think that the rule as to granting certificates should be relaxed, so that the power may be extended perhaps to all workhouses where a daily

attendance of the medical officer is required, subject to such lectures, examinations, and instruction being provided, as is the case where certificates are now given.

Many of the superintendent nurses at the larger workhouse hospitals are no doubt more highly educated, and often of a higher social rank than the workhouse matrons, and it may be perfectly right that they should hold their appointments for life; but I very much question the expediency of the present order, giving every superintendent nurse a life appointment.

In many workhouses, where probably there may be three nurses with about fifty patients, while there are 200 inmates in health, this rule tends to create jealousy between the matron and the superintendent nurse, especially where the matron is a trained nurse and the superintendent nurse is not.

To avoid friction, and with a view to greater efficiency, I should be glad to see several workhouse hospitals placed under separate management; but I have generally found that the expense involved in complying with the order is an obstacle which guardians will not face, and I hope that the order may soon be simplified, with a view to economy, and therefore to its more general adoption in large workhouses.

8th February, 1902.

R. J. DANSEY.

5.—MR. DAVY'S REPORT.

WORKHOUSE NURSES.

Sir,—With reference to your letter of the 18th January, I have the honour to state very briefly—

(1) There is no difficulty in this district sufficiently great to call for the intervention of the Local Government Board with respect to the supply of qualified nurses and assistant nurses. I have always advised Boards of Guardians that they must have no hesitation in raising the salaries of nurses to such an amount as may be necessary to secure their services, and, what is of even greater importance than the amount of salary, that they should give the nurses thoroughly comfortable quarters, sufficient leave of absence, and means of recreation. The supply of nurses has been sufficient except in one case, where I think the cause of the difficulty may be traced to the action of external influences.

(2) Probationer nurses are convenient for working large workhouses, but I am not in favour of making the arrangement for specially training nurses for the Poor Law service in workhouse infirmaries more easy. There is great danger, if the present rules were relaxed, that the standard of nursing would be lowered. Whether the young nurses are properly trained or not depends more on the medical officer than anybody else.

(3) In my opinion there are several points in which the regulations as to the qualifications and tenure of office need reconsideration.

(4) I suppose the object of defining yet more strictly the respective duties of the master and matron and of the superintendent nurse would be to diminish the

probability of friction between these officers. In my experience friction results from the character of the officers concerned, and no amount of regulations will prevent it in certain cases. As a matter of fact, very little trouble has arisen in my district from the relations of these officers. The feeling generally is much better than it was, and I should deprecate any interference on the part of the Board at the present moment. It appears to me that most of the trouble arises from the feeling of uncertainty which prevails, and that the least the Board interfere the better. I have for some years advised Guardians in appointing matrons to give the preference to those who were trained nurses, and the plan has worked well.

Medical officers are beginning thoroughly to understand the responsibility for the nursing rests on them; that they can act in certain cases independently of the Board of Guardians; and I can safely say that Boards of Guardians have welcomed this provision, and that they are as anxious as the Board can be that the sick persons under their charge should be properly nursed. I have never known a case where a Board of Guardians have demurred to the expense which the hiring of extra nurses by the medical officer has imposed upon the rates.

If the Committee think it desirable that I should give evidence, I am at their service.

Your obedient servant,

J. S. DAVY.

Sir S. B. Provis, C.B.

6.—MR. JENNER FUST'S REPORT.

(1) *As to any difficulties experienced in obtaining an adequate supply of properly qualified nurses, and how far these difficulties can be met*

The difficulties in obtaining nurses have not, on the whole, been great in this district. At about half the workhouse infirmaries probationers are being trained, and a supply of charge nurses is thus forthcoming.

The larger infirmaries endeavour to retain the services of the best of the probationers as charge nurses, and the remainder fill vacancies elsewhere. Where the selection

of probationers is left in great measure to the superintendent nurse, as is the case in some of the largest and best administered infirmaries, that officer has generally a numerous list of well-recommended applicants from which to select. The accommodation for nurses has been greatly improved in recent years, and separate nurses' homes, or good accommodation in administrative blocks, are becoming general. The number of patients a nurse is expected to attend upon has also much diminished, and this, together with the more general provision of

an adequate staff of night nurses, and stated hours for relaxation, has rendered the life of a nurse less irksome and more popular. Speaking in general terms, the larger the infirmary the better the accommodation, and the less monotonous and more interesting the employment.

What difficulties there have been in supplying nurses have been confined almost entirely to the smaller workhouse infirmaries, and those where the provision for the reasonable comfort of the staff has been inadequate, or the number of patients per nurse excessive. It is now to be wondered at that the Guardians of such a workhouse, where one nurse is expected to attend by day and by night upon some 50 patients (or even more) in very bad wards, should be unable to retain the services of a nurse, even though a liberal salary be offered.

If guardians will provide proper accommodation and an adequate staff, and offer reasonable salaries, they will not have much difficulty in securing nurses, except in the case of the very small workhouses, where there is seldom any work to interest, or even to require the services of a trained nurse. Year by year new and well-appointed infirmaries are being built and opened in Lancashire, and the nurses required seem to be forthcoming. It is, however, of the utmost consequence that the superintendent nurse should be well chosen, and should possess the confidence of the guardians.

(2) *What regulations, if any, should be made as to the qualifications and training of probationers.*

The Board might usefully issue a statement, in quite general terms, of the course of instruction they consider desirable. This would be specially useful in cases where the training of probationers was being undertaken for the first time. In the case of infirmaries claiming to be "training schools for nurses," the Board should be furnished annually with a report in some detail of the instruction actually given.

(3) *Qualification of superintendent nurses.*

As regards the present regulations, it should suffice if the physician or house surgeon mentioned in Article III. (3) gave his whole time to the service of the hospital or infirmary, although not residing actually on the premises.

The value of the training at any given hospital or workhouse infirmary will vary from time to time as changes occur in the training staff, and it should not, therefore, follow that a hospital or infirmary once classed as a "training school for nurses" should always remain so classed. Some there are, especially of the larger ones, about which probably no doubt would ever arise, but among the smaller ones fulfilling the other conditions of Article III. (3), a change of superintendent nurse or of medical officer might materially interfere with the value of the training.

The class of patient received is, too, of some importance. For instance, in the West Derby Union the Mill Road Infirmary is intended to receive the acute cases, and Walton Workhouse Infirmary the more chronic cases. Both maintain resident physicians or surgeons. The former has some 500 cases and 63 nurses, and the latter from 700 to 800 cases and 47 nurses. If the intention of these two infirmaries were strictly adhered to, each might fail to afford some of the training desirable for a probationer who aspired to become a first-class superintendent nurse.

Again, the Liverpool Select Vestry are about to build an infirmary for 450 sick infirm. There will be a resident medical officer (perhaps more than one), a superintendent nurse, and a large staff of nurses. Three years' training in this infirmary alone would probably not be considered a thorough training for a nurse, yet under present regulations it will be difficult to deny to such an infirmary the title of a "training school for nurses."

The order requires three years' training, but makes no provision for ascertaining the result of such training, so that a nurse of good character might pass through her three years' training, and be thereby qualified as a superintendent, without any security that the teaching had in her case been effective. Certificates of the result of the examination at the end of the three years are, it is true, usually given, but the order does not require them, and there is no general standard of acquirements necessary to obtain such a certificate. In some cases

the examination is conducted by the medical officer who has been concerned in the training, and in some by an independent medical practitioner.

If the present varying practice is to be systematised it might be desirable—

- (a) That annual examinations for nurses should be established in convenient centres—possibly one in each inspector's district—such examinations to be organised and arranged for by the Board, but not conducted by their own staff, the object of securing a uniform test of efficiency being kept steadily in view.
- (b) That to such examinations there should be admitted (1) candidates qualified under Article III. (3), or any modification thereof, for appointment as superintendent nurses; (2) candidates qualified only for appointment as charge nurses.
- (c) That at such examinations certificates of various grades should be granted, as, for instance, first, second, and third class charge nurse, and first, second, and third class superintendent nurse.
- (d) That each certificate should state the hospitals or infirmaries at which the training was received, and the average number of patients, etc., but should be merely a certificate of professional qualifications, leaving inquiries as to conduct and character generally to be made from the authorities of the institutions at which the probationer has served.

At present nurses wishing to become superintendent nurses, and trained at a hospital or infirmary not qualified to train superintendent nurses, have to undergo three years' training at a hospital or infirmary qualified to train superintendent nurses; that is, in spite of three years possibly very valuable training, they are in no better position than a wholly untrained probationer. This seems unfair. The term "Training school for nurses" requires explanation and definition. It might be possible to establish and certify two classes of infirmaries recognised as "training schools for nurses":—

A—Infirmaries complying with the conditions of Article III. (3); and

B—Infirmaries of not less than, say, 150 to 200 beds not maintaining a resident medical officer;

and to provide that three years' training at an infirmary of the B class, followed by one year as a charge nurse at an infirmary of the A class; or perhaps two years at the former, and two at the latter, should qualify for examination as a superintendent nurse.

The certificates might be issued upon the joint recommendation of the general inspectors and the medical officer for the provinces, and be renewable annually. My knowledge of hospitals does not enable me to advise with respect to them.

The certificate, granted after examination, to a candidate seeking appointment as superintendent nurse might include:—

- (1) A certificate that the candidate has produced a certificate of efficiency as a charge nurse from a training school of Class A, in which she has served in that capacity for not less than six months.
- (2) A certificate that the candidate has satisfied the examiners.
- (3) An additional or honour certificate if the candidate has shown marked ability in any special subject.
- (4) *Whether any and, if so, what provision should be made for defining more strictly the respective duties of the master or matron of the workhouse and of the superintendent nurse.*

The fact that friction frequently arises between the matron and the superintendent nurse in relation to the duties of the former respecting the infirmary must be

well known to the Committee. The superintendent nurse is apt to resent any interference on the part of the matron, and thinks she ought to be supreme in the infirmary, and this view is frequently supported by the medical officer, and sometimes by the guardians. The matron is thus often in an awkward position. Under the orders of the Board she is responsible for the management of the infirmary, equally with the remainder of the workhouse, and it is specially laid down that she is to "take proper care of the children and sick paupers." This she can hardly do without at least occasionally examining into the bodily condition of the sick, a proceeding which is at once resented by the superintendent nurse as interference.

Again, the question of leave of absence at times other than those fixed by the guardians causes friction. The superintendent nurse thinks she ought to grant or withhold it, the matron thinks the decision should rest with her, since she cannot be responsible for the care of the sick if nurses can be off duty without her knowledge.

Finding fault with the superintendent nurse in the presence of other nurses, or of inmates, or with the nurses themselves directly, instead of through the superintendent nurse, is another common cause of trouble. It is by no means intended to throw the greater part of the blame for the friction upon the matron. Her position is often one of great difficulty, and the superintendent nurse is sometimes destitute of tact, and unwilling to give way in any degree to the matron's views and wishes.

It is doubtful whether any regulations will meet the difficulties in the larger workhouses, and the only plan, so far as I am able to judge, is to relieve the matron of all duties requiring her presence in the infirmary.

In two large workhouses in this district this plan has been followed for many years, and the Board have not interfered. The one head of each institution is the master; the matron deals with the workhouse proper, and the superintendent nurse with the infirmary, the matron having no control over the nurses or infirmary servants. Requisitions from the infirmary for articles other than food go through the master to the storekeeper. Those

for provisions are sent to the steward, who requisitions according to the "diet sheets" sent down by the nurses. All communications are, as a rule, made to the master, and the matron and superintendent nurse have no official communication. Even so, difficulties sometimes arise in connection with the laundry and cooking work, the laundries and kitchens being common in both cases to the workhouse and the workhouse infirmary. The size of these two workhouses is such that no one matron could possibly supervise the whole of either.

In several other cases in the district there is a tacit understanding that the matron shall interfere in the infirmary as little as possible.

Of course, in some cases a remedy can be found in the entire separation of the infirmary from the workhouse, but there are many instances where the infirmary, though not large enough to be separated, is of considerable size, and where friction arises, and in these I submit the remedy lies in relieving the matron of all duties requiring her presence in the infirmary. Such an arrangement should only be made on the application of the guardians, backed by the recommendation of the general inspector, and would seldom be advisable where there were less than from 150 to 200 beds in the infirmary. In the smaller workhouses friction would be materially lessened by requiring the matron to be a trained nurse, and allowing her to hold the office of superintendent nurse as well as that of matron, the principal nurse being termed head nurse, and not superintendent.

Some of the duties of the master and matron, as laid down in the General Consolidated Orders, 1847, are completely out of date, and would require to be thoroughly overhauled if any redistribution of duties between those officers and a superintendent nurse is contemplated.

I hardly like to say that it is desirable I should personally give evidence before the Committee, and should prefer leaving that for the Committee to decide.

I enclose four copies of my last "Nursing Return" for the information of the Committee.

H. JENNER FUST, JUN.,

31st January, 1902.

General Inspector.

Mr. HERBERT'S REPORT.

Nottingham, 21st January, 1902.

To the Secretary, the Local Government Board.

Sir,—I beg to acknowledge the receipt of your letter of the 18th inst. respecting the nursing of the sick poor in workhouses, and in which was enclosed a copy of the terms of reference to the Committee appointed to inquire into the question. In reply to your request for a statement as to these matters, I beg to submit the following.

I may say the guardians in this district have some difficulty in obtaining trained nurses, especially for the small workhouses.

It appears to me that the demand for nurses is greater than the supply.

I was under the impression that probably the accommodation for nurses and other such matters were the cause for the number of applicants for the post of nurse being so small, but lately my views as to this matter have been modified. No doubt with improved accommodation, an adequate salary, and sufficient help, the nurses appointed are more likely to remain for a longer period than is the case at present.

The difficulty in obtaining qualified nurses is especially great in workhouses where there is only one nurse. The qualification of the candidates for such posts are generally far from satisfactory. In some cases, however, relatives of the master or matron are appointed. These are generally fully qualified nurses, and the administration runs smoothly.

At Market Harborough a small new infirmary has been erected, providing excellent accommodation for

the nurses, and although the guardians proposed to appoint a ward maid to assist the nurse, the infirmary had to be kept closed for some months owing to there being no suitable applicant for the post of nurse, in answer to the advertisements issued by the guardians. I believe it is only at the request of the medical officer that the present nurse applied.

In the medium-sized workhouses, which are generally situated in moderately-sized towns, there are more applicants for the vacancies that occur.

In such workhouses as Leicester, Derby, Belper, Mansfield, and Chesterfield probationers are appointed, but at some of the workhouses there are frequent changes in the staff, for as soon as the probationers find that the certificate granted at the end of their three years' training does not entitle them to become superintendent nurses, some endeavour to enter a recognised training school for nurses.

There is only one recognised training school for nurses among the Poor Law institutions in this district, viz., Nottingham Workhouse. The guardians of this parish have no difficulty in obtaining a large number of suitable applicants for the post of probationer, although at the present time the accommodation for nurses is far from satisfactory, and their work is very heavy.

Speaking generally, it appears to me that there is very little difficulty in obtaining probationers of the proper class where the workhouse infirmary is recognised as a training school for nurses. In moderate-sized workhouses where probationers are appointed there are suitable applicants for the post, but that when appointed they become dissatisfied in finding that the certificate they obtain is

not recognised in any way by the Board, and that for small workhouses it is extremely difficult to obtain a nurse of good character and fully qualified, unless the medical officer or the master and matron know of someone who will take the post out of compliment to them.

The question seems to me to be as to whether further inducements could not be made to retain the probationers in the moderate sized workhouses, and thereby get a number of locally-trained nurses for the small workhouses, for I consider that the principal reason why there are so few applicants for the post of nurse in small workhouses is owing to the dearth of locally-trained nurses.

A nurse trained in one of the large training schools in the metropolis, or one of the large towns, is not likely to take the post of nurse at a small union in the country unless she has friends in the neighbourhood to go to when she is off duty.

It appears to me that if the probationers trained in the moderate-sized workhouses could be recognised in a Nursing Order some of the difficulties would be removed.

I don't think they should be placed on the same footing as those trained in the present recognised schools for nurses; but, if in addition to their three years' training, they also were required to act as staff nurse in a recognised training school for another year, and then become qualified for the post of superintendent nurse, I think there would be sufficient inducement for them to remain and complete their training.

If this suggestion were carried out it would be necessary to frame regulations as to the training of probationers at these workhouses, as, for instance, the minimum number of lectures to be given by the medical officer and superintendent nurse should be stated, and a limit as to size, etc.

Another suggestion is that the probationers might, if convenient, be examined at the nearest recognised Poor Law training school for nurses in order to obtain a certificate.

The inclusion of the above nurses as being considered as qualified for the post of superintendent nurse would not necessarily lessen the position of superintendent nurse. Although qualified for the post of superintendent nurse, I believe many so trained would take service in the small workhouses.

I think the Board should also encourage persons who are intending to become matrons of workhouses to make themselves qualified for the post of superintendent nurse. At the present time where three nurses are appointed to a workhouse one must be a superintendent nurse. If in small workhouses where there are three or four nurses, the matron, if qualified, could also be the superintendent nurse, it would be an encouragement to those wishing to become matrons of workhouses to obtain the certificate. It is probable that when first appointed such matrons would obtain posts in small workhouses, and therefore a fully-qualified nurse would be available in case of necessity.

It would also encourage a better class to apply for the post of probationer if it was known that after they had received their training at a recognised training school that their names would be registered at the Local Government Board as being nurses qualified for the post of superintendent nurse.

As to the question whether any provision should be made in defining the duties of superintendent nurses. When I have been asked questions on this point I have generally replied that whilst the nurses were on duty they were under the superintendent nurse, but off duty they were under the matron, and that when the nurses require leave they should apply first to the superintendent nurse, who signs a paper, stating that the nurse can be spared, which is to be taken to the matron for her to grant the leave.

I do not think I could assist the Committee by giving evidence, as the principal question appears to me to be respecting the small workhouses, and of which I have only a limited experience.—I have the honour to be, sir, your obedient servant,
N. HERBERT.

8.—MR. HERVEY'S REPORT.

NURSING IN WORKHOUSES.

Sir,—I have to acknowledge the receipt of your letter of the 18th inst. regarding the nursing of sick poor in workhouses, and in reply I beg to submit the following.

In the Eastern Counties the demand for trained nurses is greater than the supply, the various Boards of Guardians experiencing much difficulty in obtaining and retaining nurses of any description, especially those who have had training.

In this district there are only a few which may be classed as large workhouses, situated in the largest towns of East Anglia. Here the difficulty is less, for nurses, of a sort, are generally obtainable. But in the many isolated workhouses situated in lonely rural districts, some distance from a town of any importance, or in sleepy little towns in which there is absolutely no means of recreation, and where the inhabitants only wake up once a week or fortnight as the case may be, viz., on market day, it is almost impossible to supply the necessary nurse.

Many of these latter workhouses have only one, and of these very few have had any training, and are not, on the whole, very satisfactory. Guardians are entirely in their hands, for if fault is found with them, however slightly, they give notice and leave, well knowing they can easily get another billet.

The only workhouses in this district in which probationers are employed are Romford, Ipswich, Norwich, Yarmouth, and Wisbech. At Romford the system of training is as perfect as that of any good hospital, and the greatest care is taken in the selection of the candidates. This perfection in training is due entirely to the fact of there being a workhouse medical officer who takes a real interest in the welfare of the infirmary, nurses, and probationers, and to the excellence of the superintendent nurse.

At Norwich also much care is taken to turn out a well-trained nurse, but at this and other establishments the probationer finds that the "certificate" when obtained is really of little value to her because of the Board's non-recognition of it, and rather than "waste time," as

they call it, they go elsewhere, attracted by the many advertisements of country Guardians for nurses at largely increased salaries, and by the demand there is for private nurses (amongst the ranks of whom it is well known there is a very large number who have been quite untrained).

From all accounts, there does not seem to be any lack of applicants for the post of probationer, and therefore, were every large workhouse (having a fully-trained superintendent nurse) recognised as a training school, I do not think there would be much difficulty in obtaining the embryo nurse.

Workhouses in the country have become so much less workhouses than infirmaries for old and sick, that the name is almost a misnomer, and might well be changed for that of infirmary, or even rest house. Therefore it is obvious that the nursing is really the most serious and important part of the institution, and that every effort should be made to render it as perfect and efficient as possible. To this end it seems to me that what is wanted is a good supply of locally trained nurses.

A town-bred nurse will not readily go and bury herself in the wilds of the country, becoming the one nurse in a small workhouse, unappreciated and misunderstood by the master and matron. (I am glad to say, however, that the class of workhouse officers is improving, and there are now few of this antiquated type. There is still great room for improvement.) The monotony of the work is another factor in the unattractiveness of the rural nurses' position, and it is this that might be obviated by a fairly frequent interchange of posts, as I shall presently suggest.

At Fakenham, in Norfolk, there is a small nursing institution, which supplies nurses for district or other purposes and also workhouses, when a nurse is urgently required to fill a temporary vacancy, or for the nursing of special cases; and I have often thought that the difficulty now experienced would come to an end if such an institution could be started in each county, to the

funds of which each Board of Guardians might subscribe annually, and which would provide a home for nurses who have received workhouse training and circulate them, guaranteeing that each nurse shall remain in her post for a certain period, at the end of which she should have the option of remaining or being removed to another post, and in such a manner that those in the very quiet country districts could exchange for a more lively post, and so on.

In training probationers at workhouses encouragement should be given to the workhouse medical officers; otherwise I am sure the ordinary medical officer would not devote the necessary time and trouble. In fact, I only know of three really sound officers who would (and do), uninvited, put their whole soul into their work.

I do not think I can do better than give the heads of the system of training in force at Romford, with which Dr. Frazer has kindly supplied me.

From the outset the superintendent nurse trains all probationers most thoroughly in all ward routine and work, herself setting the example. Besides this, she lectures to the nurses and probationers on elementary physiology and anatomy, bandaging, temperature charts, enemas, etc. Later on they are taken through first aid, diseases, etc., and their notes on these lectures, after correction, are transcribed in books provided by the Guardians. The third-year probationers are then admitted into the mysteries of midwifery and the lying-in wards, with antiseptics and other subjects required for the L.O.S.

Dr. Frazer supplements all this by setting papers and by taking the probationer nurses for some weeks before the exam. (L.O.S.) *visà voce*.

He very obviously remarks that to do all this thoroughly, besides her own hard work in the wards, requires a woman as thorough and capable as the superintendent nurse they possess at Romford. He is also very strong on the necessity for a good holiday for all nurses. Of course, his remarks apply to a large establishment.

Dr. Muriel, of Norwich, considers, though *not* from his personal experience, that Boards of Guardians are generally the stumbling block in the way of getting efficient nurses, for the reason that they offer such very low salaries, and, through ignorance, are willing to take anybody who offers, but in very small numbers, with the consequence that the staff is generally undermanned.

He agrees with Dr. Frazer in believing in the three years' training of probationers at the larger workhouse infirmaries, and he thinks that the Local Government Board might give a certificate after (1) examination by approved examiner, (2) certificate of good conduct from medical officer and superintendent nurse, (3) attendance at courses of lectures, the syllabus for which might be made universal. He thinks that a nurse holding this Local Government Board certificate should be eligible for the superintendent nurse's post at any of the lesser workhouse infirmaries.

There should be at least one assistant superintendent, with the same qualifications as the superintendent. Probationers to be examined during the training and at the

end of the three years, at which time, if they fail to obtain a certificate, they might have another six months' probation.

With these views I am in agreement. I think that nursing institutions would very well supplement the necessarily limited number of those trained at the infirmaries, and also serve as a circulating medium for workhouse infirmary trained nurses.

Where there is no resident medical officer (I except Romford as being practically perfect) there might be two grades of nurses recognised by the Board; those of the second grade to be fit for assistant nurses and nurses; but the question appears to me largely to hang on the Board's expressed recognition in some form or other of the workhouse infirmary certificate, so that this shall not be considered by a probationer to be useless.

This recognition should also embrace encouragement to the workhouse medical officers and superintendent nurses, and should take a substantial form, such as the payment of a fee from £10 to £20 per annum to be given for lectures and instruction, but only in the case of examinations by properly qualified independent local authorities at certain centres.

Further conditions of a superintendent nurse taking and holding office should be her capability for instructing probationers in the manner in which I have already set forth, as is in practice at Romford.

I am strongly of opinion that in all matters relating to nursing and administration of the sick wards, including sick diets, the superintendent nurse should be answerable to the medical officer, and to him only. But in all other things relating to the workhouse as an institution she should consider herself amenable to the general discipline. When the workhouse and infirmary have separate kitchens (there are none so arranged in this district) these should be exclusively under the care of these two officials respectively, so that the matron will have no excuse for either visiting or directing the infirmary. I am leaving the master out of the question, because any friction, as a rule, occurs between the matron and superintendent nurse, the former having many opportunities for petty persecution if she happen to have any personal feeling against the nurse.

I cannot suggest any remedy in the case of personal spite; but I do know of one instance where there was ill feeling between the matron and nurse, resulting in the resignation of the latter; the matron, by the permission of the Board (being herself a trained nurse), subsequently uniting both offices in her person. As far as I know, this answers very well; but, of course, it could only be in a small workhouse infirmary.

The superintendent nurse should be required to present herself, with her report, at each meeting of the committee, as by so doing she meets the committee *as a whole*, and not only the one or two who may make informal visits to the wards—very often, I am afraid, for the sole purpose of gossip and sowing dissension.

I do not think that I have any further evidence to give that would help the Committee.

GERALD A. F. HERVEY,

Inspector No. 5 District.

Sir Samuel Provis, K.C.B., Whitehall.

9.—Mr. LOCKWOOD'S REPORT.

COMMITTEE ON NURSING IN WORKHOUSES.

1. As to any difficulties experienced in obtaining an adequate supply of properly qualified nurses and assistant nurses, and how far these difficulties can be met.

My recollections of country districts (Midland and Eastern counties) is that the difficulties experienced in securing properly qualified nurses arise mainly from two causes, locality and size—which latter may here be taken to mean smallness—of the workhouse. I have had to do with a considerable number of workhouses, the average number of inmates of which would not exceed 150, the average number of occupants of the sick wards would be less than a score, and of these, probably not more than half a dozen would be acute cases. Where a workhouse of this description, as is the case in not a few instances in the Eastern counties, is a considerable distance from the nearest village or town,

there are two deterrents to taking service as a nurse— isolation and lack of sufficiently interesting case.

It is not easy to suggest a way of meeting the difficulty, though guardians might perhaps be urged to make it worth the while of the matron to get a nursing qualification or otherwise, to arrange with a local hospital (if any there be in the district) to receive cases requiring skilled nursing on terms to be agreed upon.

Where, as in the case in the majority of rural unions, the workhouse is in or on the outskirts of a market town, the isolation difficulty is less operative; but even in such cases the number of sick would be usually too few to afford the scope for practice and experience which would attract a fully qualified nurse.

2 and 3. With regard to 2 and 3 of the reference, these relate to matters on which I feel scarcely

qualified to advise, though were the Board to adopt the proposal which has, I understand, been made in some quarters, that it should itself establish something in the nature of a training school for nurses, the responsibility thereby incurred would, I venture to think, be most embarrassing, and the troubles and difficulties never ending.

4. Whether any, and if so what, provision should be made for defining more strictly the respective duties of the superintendent nurse and the master or matron of the workhouse.

As to this, I may say at once that however the respective duties may be defined, I think that the workhouse

master must continue to be the recognised head of the establishment.

Art. 4 (1) of the Nursing in Workhouses Order of 1897 defines generally the position relatively of the superintendent nurse and the master or matron of the workhouse. The respective duties of these officers have, I believe, been more particularly defined—though to what extent I am not precisely aware—in the Basingstoke Order; but with my present experience, whatever may prove to be desirable in individual cases, I do not see my way to suggesting any modification, *to be applied generally*, of the terms of Art. 4 (1) above referred to.

H. LOCKWOOD.

10.—MR. LOWRY'S REPORT.

NURSING IN WORKHOUSES.

I am very much pleased to learn the action the President has taken in this most important subject, and I think he has been well advised in appointing such a strong Committee.

- (1) As to any difficulties experienced in obtaining an adequate supply of properly qualified nurses and assistant nurses, and how far these difficulties can be met.

The complaint is general that the supply is not equal to the demand. This applies especially to the smaller workhouses, and in particular to the "properly qualified" nurses. Why? (a) About one-third of the nurses get married shortly after the completion of their training, and hence are lost to the profession. (b) Another third give up hospital work and take to private nursing, which they say pays them better, and they also escape the discipline of the institution which many object to as being unnecessarily strict. (c) We have only the remaining third to meet the demand which is always in excess of the supply, and hence the difficulty.

- (2) What amendment, if any, should be made as to the qualifications and training of probationers.

This, to my mind, is the most important query in the reference, and if correctly solved will fully answer the latter part of No. 1. If I had my way in the matter, I would place the whole question of nursing on a different basis. Of course, it is well known that the Board does not at present recognise, in an official sense, any training school for nurses, and I would suggest that the Board recognise as qualified training schools all union hospitals with, say, 250 beds or over; that the nurse having served two months on trial, to test her capacity, be duly appointed, and enter upon a three years' course of training, during which time she would be expected to obtain three certificates—surgical, medical, and maternity—and also a fair knowledge of administration. That is to say, that a certain portion of each year should be spent in the kitchen, where she would be able to see the serving out of the stores, the preparation and cooking of the food, and get to know exactly what this department of her work implies—as next to good drugs, there is nothing more important than good food, properly cooked, and nicely served. Take, for example, one year, and say:—

- 3 months male wards,
- 3 months female wards,
- 3 months maternity wards,
- 3 months administration,

and so teach a nurse just as you do a pupil teacher in an elementary school. Then at the end of her three years, if she shall have obtained her certificates, let the same, after having been duly signed by her superintendent, be countersigned by the chairman of the Board of Guardians, then sent to London to be endorsed by the President of the Local Government Board. This

would, in my opinion, add considerably to the relative value of the certificate, and then if a small bonus in cash were given (the same as pupil teachers get for a given subject, *e.g.*, for drawing), the commercial value would be greatly enhanced, and many more would try to obtain them, and the status and standing be much improved.

- (3) What amendment, if any, is desirable in the Regulations as to the qualification of superintendent nurses.
 - (a) She must be a lady-like woman in person, manner, and deportment.
 - (b) She ought to be fully qualified.
 - (c) She ought to be allowed a fairly free hand as to the selection and engaging of her staff of probationers.
 - (d) Report once a month or once a quarter as to their progress, character, and conduct, and so be held fully responsible for her department.
- (4) Whether any and, if so, what provision should be made for defining more strictly the respective duties of the master or matron of the workhouse and of the superintendent nurse.

This is a very difficult and delicate matter to deal with, and fully one-half of our trouble comes from this source. I think, however, it would tend to reduce friction if the superintendent nurse sent her requisitions in every case direct to the master, no matter how small the order may be. Then the master would give his orders (or in his absence the matron), and the articles, goods, etc., would be delivered to the messenger, or sent direct to the superintendent nurse.

My object here is to keep the matron out of the matter, and if, as occurs in many cases, some requests are sent to the master and others to the matron trouble is certain to follow. The master will, of course, take the matron's part (as in nine cases out of ten they are man and wife), and if he did not he would have a bad time later on. The nurse at once says both the master and matron are against her, and she resigns. Another constant source of trouble is the laundry, and the condition in which the clothes, linen, etc., etc., are returned. In this case, the nurse should most certainly be the judge; but I must not enlarge, and to sum the matter up I would say that if the matron only had the good sense and tact to keep to her own work, that is the "house" pure and simple, and let the infirmary alone, she will find plenty to do, and at the same time secure the smoother working of the whole institution.

In conclusion, there are many other points on which I might touch, such as the nurses' rooms, food, social life, liberty, etc., etc., but suffice it to say that, should my views be thought worthy of further consideration, I shall be only too pleased to tender my further evidence before the Committee, feeling certain that time spent on this most important subject now will well repay the Board in the years to come.

February 3rd, 1902.

JAMES LOWRY, Inspector.

11.—MR. PRESTON'S REPORT.

OBSERVATIONS ON WORKHOUSE NURSING.

- (1) The supply of nurses for rural workhouses does not equal the demand for the following reasons, among others :—

Lack of society of the same station of life.

Isolated position of many rural workhouses.

Few interesting cases in the sick wards.

The inferior accommodation, as a rule, and the want of variety in the frequently inadequate dietary.

The fact that so many matrons are less educated, and are of lower social position than the nurses.

In many cases the salaries of nurses are higher than those of matrons, hence friction and jealousy. I believe time only can remedy these evils. Many guardians are providing nurses' homes, and they are quite willing to amend the scale of diet if asked. These matters are really of more moment than increased salaries.

The happy fact that there are so few able-bodied women in our workhouses, excepting those of the worst class, no doubt is a difficulty for nurses.

As long as pauper inmates are allowed to act as ward people in our sick wards the difficulty will continue. I hope the time is not far distant when paid ward people will be appointed for all work in sick wards.

- (2) That is a question for specialists, and I do not feel capable of giving an opinion of any value.

(3) I think too much weight is given to the appointment of a resident medical officer. Brentford is the only separate workhouse infirmary in my district, the cost per head for each patient being 25s. a week, a very startling fact. There are fifty paid resident or non-resident officers for 200 beds. Yet the resident medical officer is always asking for more. Edmonton has a new splendidly equipped infirmary of 150 beds, besides large accommodation in the old one; it has no resident medical officer, but workhouse medical officer lectures regularly, and he and the able superintendent nurse do all they can to instruct the probationers, but they will not remain, as by so doing they are unable to obtain a certificate as superintendent nurse, there being no resident medical officer. I fail to see why those probationers who have received certificates from the medical officer and superintendent nurse should not be examined by an independent board of examiners, and, if qualified, receive certificate as independent nurse.

(4) I do not think Article IV. in Nursing Order of August, 1897, can be improved upon. The master, and in his absence the matron, must have sole control of establishment—as long as clothing, food, and care of buildings, are under their charge, such must be the case.

J. W. PRESTON.

Peterboro', 1st February, 1902.

13.—MR. PRESTON-THOMAS'S REPORT.

Exeter, 27th January, 1902.

Sir,—With reference to the Board's desire (intimated in the Secretary's letter of the 18th January) for a statement of my views on various points connected with the nursing of workhouse inmates, I have the honour to submit to the Departmental Committee the following observations :—

I may premise that this district is almost entirely agricultural, that in the 47 unions of which it is composed there are only two centres of considerable population, that there are no separate workhouse infirmaries, and only seven superintendent nurses. In a large number of the workhouses the number of persons in the sick wards is exceedingly small. Thus, at the dates of my inspection last year, there were at Camelford only 10, St. Columb 2, Stratton 5, Holsworthy 5, Okehampton 16, Plympton St. Mary 17, Torrington 16, Dulverton 7, Langport 11, while in each of 22 others there were less than 50, and of these occupants only a small proportion were bedridden, and some were placed in the sick wards not on account of their suffering from any definite disease, but because, being infirm through age, it was considered that they would be more comfortable there. So, too, some feeble-minded persons are occasionally assigned to those wards, this being in a small workhouse sometimes the only plan by which they can be kept under constant supervision. It is therefore difficult to say, by a mere comparison of the total number of nurses and the total number of persons in the sick wards, to what extent the number of the former is inadequate.

As to the first of the particular points referred to me, I am able to say that there is great difficulty in obtaining persons possessed of the least skill in nursing to accept the post in rural workhouses. Of the 112 nurses in my district, including superintendents, the number of those who have undergone hospital training

is certainly under 20, and in many instances it is necessary to appoint candidates, often women of mature age, whose only qualification is that they have occasionally done some private nursing. No doubt some guardians offer unduly low salaries, sometimes because they consider it necessary that the salary of the nurse should be less than that of the matron, and sometimes from an ignorant notion that nursing is not skilled work, and ought not to command high wages. But I have known a case in which an offer of £30 a year has failed to attract suitable candidates. And when nurses are obtained, the more intelligent of them cannot be persuaded to stay in the small workhouses, where indeed a single-handed nurse leads a terribly lonely life, and is perpetually occupied in one monotonous round of duties, which mainly consist of feeding and keeping clean a number of old people who are slowly dying, and whose infirmities in many cases make her work not much more pleasant than scavenging. (See my report in the 27th Annual Report of the Local Government Board, p. 105.) An excellent nurse in such a position told me that it was impossible for her to stay, as there was no opportunity for practice in the higher branches of nursing, and she felt that she would lose the skill which her training had given her. And almost every nurse, if not advanced in years, knows well that if she leaves one workhouse she may have a choice of a dozen others, or, if she prefers it, remunerative employment in private nursing, and that the demand for nurses is far in excess of the supply. The result is that there is a constant series of changes in the nursing staffs of workhouses, except indeed where the nurses are too old to obtain other engagements. Such changes create much awkwardness in the management, and are no doubt harassing to the patients.

How the supply of workhouse nurses should be increased is a question which I should answer by saying that (a) the position must be made more attractive to

candidates, and (b) greater opportunities must be afforded for making it easy for women to adopt nursing as a profession. As to (a) it has to be remembered that the very arrangement which might have been expected to be popular, viz., the certainty under the Superannuation Act of a right to a pension in old age, has so completely failed of that purpose that as a rule nurses contract themselves out of the Act. This is no doubt because a woman between 20 and 30 regards it as very unlikely that she will remain a nurse until the age of 65, and unless incapacitated by illness before that time she will have no right to a pension. It seems to me that just as policemen, owing to the special nature of their occupation, are allowed to retire at an earlier age than most other officials, while prison warders are also permitted to have years added for purposes of pension, so nurses should be placed on a special footing as regards superannuation, and should be allowed to retire at, say, 50 or 55 (or even earlier if with 20 years' service), with an addition of years for superannuation on the statutory scale. If this change were made, and if the commencing salary were in no case less than £25, and were to rise to £30 or £35; and if annual leave for not less than a fortnight were universal, the service might be less unpopular than it is. And perhaps part of the extra cost involved might be defrayed from the additional contribution which, according to the Report of the Royal Commission on Local Taxation, is fairly due from imperial to local funds. In this way such Boards of Guardians as are now unwilling to employ sufficient nurses or to pay them sufficient remuneration might be induced to put their infirmaries on a satisfactory footing, while some of the thousands of women who are now seeking posts as governesses, which, if obtained, will only leave them moneyless and stranded as soon as old age approaches, might devote themselves to an occupation in which at any rate their future will be assured.

But (2) for this object it would be necessary that more facilities than at present exist should be given for the training of probationers. In only one workhouse in my district, viz., that of Devonport, are any probationers received. There, however, the medical officer (who is non-resident) gives them weekly lectures, and the plan is said to be answering well, though of course it is only on a small scale. I do not know why it should not be adopted in other workhouses where there

is a competent superintendent nurse, and where the medical officer is prepared to give the necessary time for the purpose—time which might be paid for by a special grant from the Exchequer; or the help of the county councils might be invoked, so that they should apply to technical instruction in nursing some of the funds which they now often spend upon less directly useful objects. And I suppose that there might be some examining board to grant certificates of qualification. But I do not pretend to suggest the details of such a scheme.

As to Clause 3 of the reference to the Committee, it seems to me that the prescribed qualifications of superintendent nurses, especially as regards the limitation of training to infirmaries with a resident medical officer, demand more than it is possible to obtain. If every infirmary with 50 or 60 patients and, therefore, with three nurses, is to have a superintendent, persons qualified according to the order will not be forthcoming. At present the difficulty has only in part made itself felt, because the order (necessarily) authorised the appointment, as superintendents, of nurses in office at its date, even if without any technical qualifications for the post. But as such persons disappear qualified successors are vainly sought, and guardians are driven to the alternative of appointing either insufficiently qualified persons, or else diminishing the number of nurses by calling one or two "attendants"; thus bringing the number below three, and so dispensing with the obligation to have a superintendent. I need not enlarge on this point, but I may say that my limited experience makes me generally agree with the paper on Workhouse Nursing read by Miss Gibson, of the Birmingham Infirmary, before the West Midland Conference in 1898.

As to (4), it appears to me that the overlapping of functions is responsible for at least some of the friction which has arisen between superintendent nurses and matrons, and I am inclined to think that some such provisions as those of the Basingstoke Order of October, 1900, might at any rate be applied to any workhouse having a superintendent nurse where the guardians consider that such an arrangement would be advisable.

I am, Sir,

Your obedient servant,

R. G. Duff, Esq.

H. PRESTON-THOMAS.

12.—MR. WETHERED'S REPORT.

As requested by the Board in the Secretary's letter dated the 18th of January, I have the honour to submit the following observations:—

- (1) As to difficulties experienced in obtaining an adequate supply of properly qualified nurses and assistant nurses, and how far these difficulties can be met.

Out of the 43 workhouses in my district there were on the 1st of January, 1901, 19 superintendent nurses. There has been difficulty in getting properly qualified persons to take the position, and where such have been appointed there has generally been friction, for reasons to be after explained. I cannot speak accurately without resort to the files, but I think it will be found that less than half the superintendent nurses have not "undergone, for three years at least, a course of instruction in the medical and surgical wards of any hospital or infirmary, being a training school for nurses," as prescribed in Art. III. (3) of the Nursing Order of 1897.

As to the difficulties in obtaining properly qualified superintendent nurses, I think these may be summarised as follows:—

- (a) Want of suitable accommodation for the super-

intendent nurse, this especially at the smaller workhouses.

- (b) Many really qualified nurses object to enter the Poor Law.

(c) This is perhaps the chief difficulty, and the cause of friction before alluded to. It is the indefinite position of a superintendent nurse in relation to control by the master and matron. This is vaguely defined in Article IV. (1) of the Nursing Order of 1897, but the actual rendering of it depends very much on the discretion of the officials concerned. To the friction which exists I referred in my annual report for 1899-1900, and I cannot do better than quote from it:—"Even under the present circumstances, I think that this friction could be, to some extent, avoided if, where there is a superintendent nurse, the responsibilities of the master and matron could be defined. I am not unfrequently asked what these duties are? Respective masters and matrons take different views, and the same remark applies to the superintendent nurses. Arising out of this uncertainty, some masters

and matrons interfere more than others, and not always with tact. On the other hand, nurses sometimes appear not to realise that the master and matron have responsibilities with regard to the infirmary, and that they naturally desire to discharge them. Indeed, failure to do so might mean serious consequences to themselves.

Shortly put, the difficulty with regard to obtaining superintendent nurses is, to a large extent, to be met by the following provisions:—

(a) By guardians providing suitable accommodation for superintendent nurses.

(b) By the Board clearly defining the respective duties and responsibilities of the masters and matrons on the one part, and the superintendent nurses on the other.

Coming to the question of assistant nurses. The following table gives an idea of the experience and qualifications of the assistant nurses in my district.

	Day.	Night.	Total
Superintendent nurses - - -	19	1	20
Nurses of three years training and upwards - - -	42	19	61
Two years but less than three years - - -	17	10	27
One year but less than two years - - -	22	7	29
Less than one year - - -	17	10	27
Others not so trained - - -	32	8	40
	149	55	204

From the above table it will be seen that, excluding the superintendent nurses, 32 per cent. of the nurses, including probationers, had either no training at all or less than one year, and 29 per cent. only training for three years or upwards.

With the exception of the strictly rural workhouses, I do not think there would be difficulty in obtaining fairly qualified assistant nurses, provided that suitable accommodation could be offered and more liberal pay than is sometimes given, but I think the former is the more important of the two. In all large and moderately sized workhouses a nurses' home should be provided. With the exception of Bristol, there is no nurses' home in my district, but one is to be added to the new workhouse now building at Wolverhampton. At Bristol the nurses' homes are temporary, pending the erection of the new workhouse infirmary.

In the strictly rural unions, of course, the general dulness is not attractive to nurses, and the only way to counteract this is increased pay, to which guardians are generally averse.

(2) What regulations, if any, should be made as to the qualifications and training of probationers?

The general idea of guardians in employing probationers is to save the expense of qualified nurses. I will again quote from my annual report for 1899-1900:—"The employment of probationary nurses is on the increase, the object generally being to save expense in the way of salaries. Where there is a resident medical officer there can be no objection to the employment of probationers within reasonable numbers. A capable class of young women apply, who look forward to rising in their profession. But when there is not a resident medical officer probationers cannot rise above the position of a charge nurse. They cannot qualify for the position of a superintendent nurse, and consequently it cannot be expected that the most capable young women who desire to be trained as nurses will apply under these what I may call restrictive possibilities for the future. The question therefore arises whether it is desirable that probationers should be allowed unless under conditions which permit of their ultimately qualifying as superintendent nurses. If, however, the present system is continued, then I suggest that the number of probationers to be allowed under the varying circumstances should be defined.

"The practice, too, of putting young probationers on night duty by themselves is one which should be avoided.

"The night duties are often very important. It is true that the probationer can call one of the trained

nurses, but this is not desirable, except in a case of emergency. One object of a night nurse is to allow the others to rest. There are also other reasons which might be urged. Finally, I think it undesirable that probationers should take night duty, except with a qualified nurse, and in no case unless they have served at least one year of their term of probation and arrived at a suitable age."

Briefly, I suggest the following regulations:—

- (1) No probationer should be allowed under 21 years of age.
- (2) That the number of probationers should not exceed more than half the number of qualified nurses.
- (3) That no probationer should go on night duty during the first year of probation.
- (4) No probationer to take night duty except under the supervision of a duly qualified nurse until the third year of her probation, and then only if the medical officer considers her competent.

There is also a point which I should like to introduce here, which is this: It frequently happens that guardians avail themselves of the latter part of Article II. of the Nursing Order of 1897. This means that persons are engaged in nursing who have practically no knowledge of it; they are no better than probationers, yet they pass as competent nurses. I think this sort of nursing should be provided against, or regulations for probationers will be to a great extent evaded by simply dropping the word probationer.

(3) What amendment, if any, is desirable in the regulations as to the qualification of superintendent nurses?

For the present I should leave the qualifications as defined by Article III. (3) of the Nursing Order of 1897, but I think the Board should not so easily "dispense with the requirement," as seems to have been the practice.

Article III. (3) referred to reads as follows:—"Any superintendent nurse appointed after the commencement of this order shall, unless we dispense with the requirement, be a person qualified for the appointment by having undergone, for three years at least, a course of instruction in the medical and surgical wards of any hospital or infirmary, being a training school for nurses and maintaining a resident physician or house surgeon."

(4) Whether any, and, if so, what provision should be made for defining more strictly the respective duties of the master and matron of the workhouse and of the superintendent nurse.

I suggest the following as a basis on which new regulations should be drawn:—

(a) The master to be responsible for the discipline and safety of the workhouse as a whole, but subject to the following modifications in workhouses where there is a superintendent nurse.

The superintendent nurse shall be responsible for the nursing of the sick and control of the assistant nurses, subject only to the medical officer and guardians.

It should not be necessary for the master and matron to make daily visits of inspection to the sick wards or infirmary. They shall at all times have access, but should inform the superintendent nurse of their intention, and it shall be the duty of the superintendent nurse to confer and assist the master and matron when necessary.

With the exception of food and coal, separate stores shall be provided for the sick wards or infirmary, for which the superintendent nurse shall be responsible and keep the necessary books.

The superintendent nurse shall keep a journal, in which she shall enter requests for necessaries and all matters which she desires to bring before the medical officer or guardians or committee of guardians as they may direct.

In the matter of leave of absence on the part of the superintendent nurse or assistant nurses for more than one day, the master should be informed in writing for his information, and a correct record of such leave should be kept in the superintendent nurse's journal.

On the arrival of sick paupers at the workhouse the master shall in the absence of the medical officer confer with the superintendent nurse, or, in her absence, with the nurse in charge.

With regard to "wards people," or "sitters up" being inmates, these people should be subject to the direction of the superintendent nurse so far as relates to their work, but in all other respects to the master of the workhouse, who, however, should confer with the super-

intendent nurse with regard to their conduct or removal.

In the event of inmates in the sick wards or infirmary taking their discharge, the superintendent nurse should be informed as soon as possible after notice has been given.

I have the honour to be, Sir,
your obedient servant,

E. B. WETHERED.

January 29th, 1902.

APPENDIX II.

Copy of Resolutions as to the Status of the Superintendent Nurse, etc., forwarded to the Committee by a large number of Boards of Guardians.

"That the guardians hereby record their opinion that the status of superintendent nurses, as provided by the Order of the Local Government Board, dated August 6th, 1897, is so anomalous and unsatisfactory as to require immediate attention and revision. The control by the guardians is, by this Order, completely taken away. They have not even the power to suspend, however serious an offence may have been committed by a superintendent nurse, though this power is possessed by them in the case of the workhouse medical officer, the master, the matron, and other officials; the result is that proper administration by the Guardians is almost, if not quite, impossible.

"The guardians are of opinion that the power to suspend should be given at once; they are also of opinion that the supervision of a workhouse hospital having no resident medical superintendent, and forming part of the workhouse premises, should be more clearly defined, so as to prevent misunderstanding and friction, and that the order of precedence should be as follows, viz. :—

"(1) The Guardians as the administrators.

- "(2) The master as the responsible officer to the Guardians of the whole establishment, including the infirmary.
- "(3) The medical officer as the officer responsible to the Guardians for the medical treatment and the proper care of the sick.
- "(4) The matron as the officer responsible to the master for the superintendence of all domestic arrangements of the workhouse and hospital, and the supervision of all female officers and their work.
- "(5) The superintendent nurse as the officer responsible to the master, medical officer, and matron, and through them to the Guardians, for the proper nursing of the sick, the instruction and supervision of the other nurses in the discharge of their duties, the order and cleanliness of the hospital, and the charge of all stores issued to her."

APPENDIX III.

RETURN as to the difficulty in obtaining NURSES for the WORKHOUSE SICK WARDS and INFIRMARIES of ENGLAND and WALES, during the year ended June 1902, classified according to the Number of Beds in such Sick Wards and Infirmarys.

Number of Sick Beds.	Number of Institutions having Sick Beds, classified according to Column 1.		Number of Institutions having Sick Beds up to the Maximum Number shown in Column 1.	Number of Institutions as to which the Returns showed there was <i>difficulty</i> in obtaining Nurses.		Number of Institutions in Column 4 (a) having Sick Beds up to and under the Maximum Number shown in Column 1.		Number of Institutions as to which the Returns showed <i>no difficulty</i> in obtaining Nurses.	Number of Institutions (included in Column 6) as to which the Returns showed no Nurses appointed during the year.	Number of Institutions (not included in Column 4 (a) or Column 6) as to which Returns showed no Permanent Nurse was employed.
	2.	3.		Number.	Percentage of Figures in Column 2	Number.	Percentage of Figures in Column 3.			
1 to 10	29	29	2	6.89	2	6.89	15	4	13 *	
11 " 20	80	109	16	20.00	18	16.51	49	13	15	
21 " 30	73	182	9	12.32	27	14.83	63	13	1	
31 " 50	154	336	38	24.67	65	19.34	116	27	—	
51 " 60	39	375	9	23.07	74	19.73	30	8	—	
61 " 100	119	494	36	30.25	110	22.26	83	21	—	
101 " 150	51	545	22	43.13	132	24.22	29	6	—	
151 " 200	32	577	9	28.12	141	24.43	23	1	—	
201 " 300	34	611	14	41.17	155	25.36	20	—	—	
301 " 400	19	630	7	36.84	162	25.71	12	—	—	
401 " 500	8	638	2	25.00	164	25.70	6	—	—	
501 " 600	10	648	1	10.00	165	25.46	9	—	—	
601 " 700	8	656	1	12.5	166	25.30	7	—	—	
Above 700	15	671	5	33.3	171	25.48	10	—	—	
TOTALS	671	—	171	—	—	—	472	83	29	

* One Institution also included in Column 4 (a).

NOTE.—In the case of Unions having two or more Institutions with Sick Beds, each Institution is reckoned separately in this Return.

APPENDIX IV.

COMPARISON OF NUMBER AND SALARIES OF POOR-LAW NURSES in the WORKHOUSES and INFIRMARIES of ENGLAND and WALES in 1896 and 1901.

DIVISION.	Town Workhouses.					Country Workhouses.*					Separate Infirmaries.†		
	Superintendent Nurses.		Nurses.		Probationer Nurses.	Superintendent Nurses.		Nurses.		Probationer Nurses.	Nurses.		Probationer Nurses.
	Num-ber.	Average Salary.	Num-ber.	Average Salary.		Num-ber.	Average Salary.	Num-ber.	Average Salary.		Num-ber.	Average Salary.	
London† - - - Central (including the London and Poplar and Stepney Sick Asylum Districts, but not the Metropolitan Asylums Board's Institutions).	-	£. —	333 1	£. 24·4 52 (and rations only).	-	£. —	-	-	£. —	-	835 1	£. 24·6 54·6 (and one meal daily).	369
	1901	39·0	349 1	£. 24·8 65 (no allowances).	-	-	-	-	-	-	875 1	£. 27·3 51·8 (and two meals daily).	815
South Eastern Counties - 1896	-	—	152	26·4	9	12·2	-	117 1	25·8 65 (non-resident).	5	9·2	30·3	29
	1901	43·9	131 3	26·5 70 (non-resident).	47	13·6	25	140 1	27·7 65 (non-resident).	12	8·8	32·0	64
South Midland Counties - 1896	-	—	59 3	26·3 51·2 (non-resident).	3	13·3	-	40	25·1	-	21	24·5	10
	1901	38·3	64 1	27·1 59·8 (no allowances).	18	14·6	2	51 1	27·3 60 (no allowances).	-	21	25·6	10
Eastern Counties - 1896	-	—	71 1	24·3 65 (non-resident).	-	—	-	54	23·1 (non-resident).	-	-	—	-
	1901	45·5	76	27·9	67	15·3	7	64	26·3	3	14·0	—	-

South Western Counties - 1896	—	47	24.9	1	10.0	—	70	23.3	3	12.0	—	—	
1901	9	66 1	26.9 36.8 (non-resident).	9	9.8	7	85	25.4	4	11.7	—	—	
West Midland Counties - 1896	—	118	26.2	30	10.7	—	45	25.8	—	—	33	27.2	
1901	22	138 2	27.3 59.8 (non-resident).	94	13.5	8	69 1	26.0 13 (no allowances), 23.8	5	13.4	44	27.6	
North Midland Counties - 1896	—	69	27.0	6	17.3	—	23	25.6	—	—	—	—	
1901	9	82	29.3	56	15.1	—	26	25.6	—	—	1	17.0	
North Western Counties - 1896	—	265	26.0	216	9.4	—	40	26.3	—	—	33	33.2	
1901	26	218	26.5	376 27	12.4 Pay fees.	7	42	27.6	53	14.1	36	25.5	
Yorkshire - - - 1896	—	103	28.3 31.2 (non-resident).	56	14.3	—	25	24.1	—	—	18	30.5	
1901	18	126	28.6	137	13.9	2	31	26.8	2	10.0	17	35.2	
Northern Counties - - 1896	—	50	28.7 54.6 (non-resident).	13	15.0	—	23	25.1	—	—	—	—	
1901	9	47 1	28.7 54.6 (non-resident).	30	14.5	4	24	27.8	—	—	—	—	
Monmouthshire and Wales - 1896	—	43	23.8	6	14.6	—	22	23.0	—	—	—	—	
1901	7	41	26.8	41	12.1	1	25	27.3	—	—	—	—	
SUMMARY OF TOTALS	1896	—	1,310 1	340	10.8	—	459 1	24.7 6.5 (non-resident).	8	10.2	950 1	25.1 54.6 (and one meal daily), 46.8 (no allowances),	12.3
1901	164	—	39.4	875 27	13.3 Pay fees.	63	557 3	26.7 46.0 (no allowances), 30 (non-resident).	79	13.0	1,119 1	27.5 51.8 (and two meals daily), 46.8 (no allowances),	13.4

A Workhouse situated in a Parish which is part of a Rural District or which constitutes or forms part of an Urban District of less than 5,000 inhabitants is, for the purposes of this statement, called a Country Workhouse.

APPENDIX V.

RETURN as to NUMBER of PROBATIONERS under training in August 1902 in PROVINCIAL POOR LAW INSTITUTIONS recognised by the BOARD as TRAINING SCHOOLS for SUPERINTENDENT NURSES, up till June 1902.

UNION OR PARISH.	Workhouse or Infirmary.	Number of Probationers.			
		First Year.	Second Year.	Third Year.	TOTAL.
Aston - - - - -	Workhouse - - - - -	16	5	4	25
Birkenhead - - - - -	" - - - - -	4	7	7	18
Birmingham - - - - -	Infirmary - - - - -	27	32	29	88
Bolton - - - - -	Workhouse - - - - -	12	4	9	25
Bradford (Yorks) - - - - -	" - - - - -	7	11	13	31
Brentford - - - - -	Infirmary - - - - -	7	5	8	20
Bristol - - - - -	Workhouse (Stapleton) - - - - -	6	4	11	21
Cardiff - - - - -	" - - - - -	2	3	2	7
Chorlton - - - - -	" - - - - -	23	24	14	61
Croydon - - - - -	Infirmary - - - - -	14	8	9	31
Gateshead - - - - -	Workhouse - - - - -	—	—	—	—
Halifax - - - - -	Infirmary - - - - -	21	3	2	26
King's Norton - - - - -	" - - - - -	7	8	3	18
Kingston-on-Thames - - - - -	" - - - - -	18	4	—	22
Leeds - - - - -	" - - - - -	22	11	12	45
Liverpool - - - - -	Workhouse - - - - -	49	32	17	98
Manchester - - - - -	" - - - - -	29	26	19	74
Newcastle-on-Tyne - - - - -	" - - - - -	10	1	1	12
Portsmouth - - - - -	Infirmary - - - - -	5	7	20	32
Prescot - - - - -	Workhouse - - - - -	15	5	8	28
Salford - - - - -	Infirmary - - - - -	15	9	9	33
Sheffield - - - - -	Workhouse - - - - -	13	8	10	31
Stoke-on-Trent - - - - -	" - - - - -	4	5	1	10
Sunderland - - - - -	" - - - - -	5	3	1	9
Toxteth Park - - - - -	" - - - - -	12	6	7	25
West Derby - - - - -	" (Walton) - - - - -	20	12	8	40
	Infirmary (Mill Road) - - - - -	18	12	17	47
West Ham - - - - -	Workhouse - - - - -	15	21	12	48
TOTALS - - - - -		396	276	253	925

APPENDIX VI. (with Explanatory MEMORANDUM).

SUMMARY of RETURN as to APPOINTMENT of POOR LAW NURSES in the WORKHOUSES and INFIRMARIES of ENGLAND and WALES.

(Classes of Institutions.	Total Number of Persons appointed as Nurses to fill Vacancies which occurred in the Year ended 31st December 1901.	Total Number of Persons included in (1) who prior to their appointment had been employed in the Poor Law Service as Nurses <i>during any part of the Year 1901.</i>	Total Number of Persons included in (1) who prior to their appointment had <i>not at any time</i> been employed in the Poor Law Service as Nurses.
	1.	2.	3.
In Workhouses and Infirmarys	1,368*	614	531
In Sick Asylums { - - -	19	14	2
TOTAL - - -	1,387	628	533

* This is the total of entries made in returns received from 359 unions. The total number of unions in England and Wales is 647, and nil returns were received from 288 unions.

Note.—The following note was appended to the form of return which was sent to the clerks to the various authorities :—

“The term ‘nurses’ in this return is intended to include all classes of permanent nurses (superintendent nurses, head nurses, charge nurses, assistant nurses, staff nurses, &c.), but it is not intended to include either probationers who had not been duly appointed as assistant or staff nurses or nurses appointed for temporary emergencies only. If the same person was appointed to more than one post (*e.g.*, by promotion), such person should for the purposes of headings 1, 2 and 3, be counted as a separate person on the occasion of each appointment. Persons appointed as nurses on account of any increase of staff should be included in the return.”

Statistical Department, Local Government Board,
14 July 1892.

MEMORANDUM attached to Appendix VI.

Signification of figures in the return as to appointment of nurses.

1. The figures in Column 1 indicate the total number of appointments made to the office of nurse in respect of one year's vacancies (*i.e.*, 1,387).

2. The figures in Column 2 indicate the number of appointments to the office of nurse in one year, which were necessitated by the circulation of nurses from one Poor Law institution to another (*i.e.*, 628).

3. The figures in Column 3 indicate the number of vacancies in the office of nurse in one year which were filled up.

(a.) By probationers trained in the Poor Law service.

(b.) By persons who had not served in the Poor Law service either as nurses or probationers (*i.e.*, 533).

4. The difference between figures in Columns 1 and 2 indicates the number of appointments in one year which were due (a) to increase of staff; (b) to nurses dying or leaving the Poor Law service (*i.e.*, $1,387 - 628 = 759$).

The increase in the number of nurses taken over a period of five years gives a yearly average increase of some 92, deducting, therefore, 90 from 759, 669 is roughly the number of vacancies in one year indicated by the return to have been due to nurses leaving the Poor Law service.

5. The difference between Column 1 and Columns 2 and 3 (*i.e.*, $1,387 - 1,145 = 242$) indicates the number of appointments in one year filled by nurses who, prior to that year, had been in the Poor Law service as nurses, *i.e.*, it is an approximation of the number of former Poor Law nurses who annually return to the Poor Law service.

APPENDIX VII.

MISS STANSFELD'S RETURNS as to PROBATIONERS in the METROPOLITAN SEPARATE INFIRMARIES.

- 1.--Number of Nurses, Probationers, and Patients.
 - 2.--Number of Probationers who leave before completing their training.
 - 3.--Subsequent Careers of Probationers.
-

APPENDIX VII.—(1.)

NUMBER of Nurses, Probationers, and Patients.

INFIRMARIES AND SICK ASYLUMS.	Accommodation for Patients, exclusive of Lunatics.	Nursing Staff (including Matron).						Number of Beds per Nurse.	REMARKS.
		Probationers.				Other Nurses of all classes.	Total Nursing Staff, with Matron.		
		First Year.	Second Year.	Third Year.	Total.				
Bethnal Green - - -	669	11	31	28	70	18	88	7·6	All probationers who have had one year's training are liable to do assistant nurse's duties.
Camberwell - - -	331	12	14	10	36	24	60	5·5	Probationers act as staff nurses in second and third years of training.
Chelsea - - - -	423	12	10	14	36	16	52	8·1	Nil.
Fulham - - - -	500	6	11	4	21	25	46	10·8	Four third-year probationers and six second-year probationers act as staff nurses.
St. George's - - -	776	33	27	13	73	21	94	8·2	There are no assistant nurses, but probationers in their first year act as such.
St. George-in-the-East -	380	3	13	6	22	16	38	10	Probationers in their second and third year act as staff nurses.
Greenwich - - -	538	12	11	9	32	19	51	10·5	Probationers who have passed the first examination take charge of wards in their second and third year.
Hackney - - - -	602 {	9·3	28 in all 9·3	9·3	28	36	64	9·4	There are no assistant nurses here.
Holborn - - - -	625	13	9	16	38	40	78	8·01	Second and third year probationers act as staff nurses.
Islington - - - -	800	16	46	-	62	39	101	7·9	Second and third year probationers act as junior staff nurses.
Kensington - - - -	629	23	12	14	49	20	69	9·1	Nil.
Lambeth - - - -	595	16	20	21	57	25	82	7·2	Second and third year probationers act as assistant nurses.
Lewisham - - - -	379	18	9	10	37	9	46	8·2	Probationers who pass first year examination are promoted to be staff nurses.
London - - - -	497	19	19	1	39	14	53	9·37	Nil.
Marylebone - - - -	744 {	8·6	26 in all 8·6	8·6	26	54	80	9·30	Probationers after first year act as assistant nurses.
Mile End - - - -	469	17	10	5	32	18	50	9·38	Probationers passing examination after two years are promoted to staff nurses.
St. Olave's - - - -	640	14	18	10	42	21	63	10·1	Nil.
Paddington - - - -	284	9	6	4	19	17	36	7·8	Probationers act as staff nurses after first year.
St. Pancras - - - -	560	18	18	15	51	14	65	8·6	Probationers in second and third year act as staff nurses.
Shoreditch - - - -	453	13	5	-	18	40	58	7·8	Probationers in third year act as staff nurses.
Southwark - - - -	786	22	21	23	66	17	83	9·4	Probationers in second and third year are employed as assistant nurses.
Wandsworth and Clapham	608 {	14·6	44 in all 14·6	14·6	44	15	59	10·3	Twenty-six probationers are employed as assistant nurses.
Whitechapel - - - -	562 {	3·3	10 in all 3·3	3·3	10	32	42	13·3	Probationers in second or third year may be promoted on the staff. Fourteen probationers are acting as ward nurses.
Woolwich - - - -	273	14	-	10	24	9	33	8·2	Probationers are occasionally promoted on the staff during the third year of training.
SICK ASYLUMS.									
Central London :									
Cleveland Street -	264	7	5	8	20	10	30	8·8	} Senior probationers act as staff nurses.
Hendon - - - -	331	11	16	6	33	7	40	8·2	
Poplar and Sepney: Bow, E.	770	17	23	24	64	24	88	8·7	Probationers act as assistant nurses.
TOTALS - - -	14,488	372	390	287	1,049	600	1,649	8·7	

APPENDIX VII.—(2.)

STATEMENT as to PROBATIONER NURSES who entered and left the Service of the Guardians between 1st November 1898 and 1st November 1901.

UNION, PARISH, or SICK ASYLUM DISTRICT.	Number of Probationers who entered.	Number who left during pre- liminary trial period.	Number who left for undermentioned reasons.				Total Number who left.	Whether difficulty in obtaining Probationers.
			Resigned, &c.	Married.	Died.	Dismissed.		
Bethnal Green - - - - (Opened 11 April 1900.)	107 from 11 April 1900 to 1 Nov. 1901.	39	-	-	-	2	41	No.
Camberwell - - - - (Opened 11 August 1899.)	38 from 11 August 1899 to 31 July 1902.	-	1	1	-	2	4	No.
Chelsea - - - -	46	10	4	-	-	-	14	No.
Fullham - - - -	37	11	3	-	1	-	15	No.
St. George-in-the-East -	29	-	3	-	-	-	3	No.
St. George's - - - -	105	34	-	-	- 13 in all -	-	47	No.
Greenwich - - - -	41	-	-	- 13 in all -	-	-	13	No.
Hackney - - - -	67	-	-	- 27 in all -	-	-	27	Yes, to secure suitable can- didates.
Holborn - - - -	63	-	-	- 24 in all -	-	-	24	No.
Islington - - - -	Training School but recently established.				-	-	-	No.
Kensington - - - -	61	-	-	- 20 in all -	-	-	20	No.
Lambeth - - - -	85	19	-	- 12 in all -	-	-	31	No.
Lewisham - - - -	53	-	-	- 20 in all -	-	-	20	Yes.
London, City - - - -	58	17	8	2	-	-	27	No.
Marylebone - - - -	84	-	-	- 28 in all -	-	-	28	No.
Mile End - - - -	41	-	-	- 9 in all -	-	-	9	No.
St. Olave's - - - -	53	-	-	- 9 in all -	-	-	9	No.
Paddington - - - - (Opened April 1900.)	14 from April 1900.	-	2	-	-	-	2	No.
Pareras, St. - - - -	64	-	-	- 15 in all -	-	-	15	Sometimes.
Shoreditch - - - -	36	6	4	-	1	-	11	Yes, to secure suitable can- didates.
Southwark - - - -	91	20	-	- 10 in all -	-	-	30	No.
Wandsworth and Clapham -	39	-	-	- 9 in all -	-	-	9	No.
Whitechapel - - - -	27	-	-	- 3 in all -	-	-	3	No.
Woolwich - - - -	19	-	-	- 6 in all -	-	-	6	No.
SICK ASYLUM DISTRICT.								
Central London :								
Cleveland Street - -	28	-	-	- 3 in all -	-	-	3	No.
Hendon - - - -	48	-	-	- 17 in all -	-	-	17	No.
Poplar and Stepney - -	75	-	-	- 15 in all -	-	-	15	No.
TOTAL - - - -	1,410	-	-	-	-	-	443	

Ina Stansfeld,
Assistant Inspector.

APPENDIX VII. (3).

INFIRMARIES AND SICK ASYLUMS.	Total numbers of Probationers who completed their training in the Infirmary from November 1, 1898, to November 1, 1901.	At the completion of their training.			
		(a) Remained in the service of the Guardians.	(b) Obtained Poor Law appoint- ments elsewhere.	(c) Left the Poor Law Service on com- pletion of their training.	(d) No record.
Bethnal Green - - - -	Training School recently opened.				
Camberwell - - - -	Training School recently opened.				
Chelsea - - - - -	25	8	2	15	-
Fulham - - - - -	7	1	1	5	-
St. George's - - - -	25	4	13	8	-
St. George's-in-the-East - -	19	12	2	1	4
Greenwich - - - - -	23	9	7	7	-
Hackney - - - - -	10	1	2	7	-
Holborn - - - - -	27	7	5	15	-
Islington - - - - -	Training School recently opened.				
Kensington - - - - -	13	7	1	5	-
Lambeth - - - - -	29	14	1	14	-
Lewisham - - - - -	26	-	-	26	-
London, City of - - - -	31	12	6	13	-
Marylebone - - - - -	80	25	17	38	-
Mile End - - - - -	40	13	6	21	-
St. Olaves - - - - -	45	-	-	-	45
Paddington - - - - -	7	2	-	5	-
St. Pancras - - - - -	48	14	7	27	-
Shoreditch - - - - -	Training School recently opened.				
Southwark - - - - -	59	4	7	45	3
Wandsworth and Clapham -	1	-	-	-	1
Whitechapel - - - - -	32	7	8	17	-
Woolwich - - - - -	Training School recently opened.				
SICK ASYLUMS.					
Central London :					
Cleveland Street - - -	10	-	4	6	-
Hendon - - - - -	2	-	-	2	-
Poplar and Stepney :					
Bow, E. - - - - -	32	9	2	21	-
TOTALS - - - -	591	149	91	298	53

APPENDIX VIII.

No. 8.

MR. E. B. WETHERED'S DISTRICT.

NURSING RETURN, 1902.

(Compiled from Returns supplied by the Clerks to Guardians.)

Table showing the number of Inmates in the Workhouses of the district who, on 1st January 1902, were under the care of the Medical Officer, exclusive of Imbeciles and Epileptics attended in special wards, together with the number of nurses and pauper attendants employed in their care.

Also the number of Imbeciles and Epileptics in special wards at the same date, and the number of attendants and pauper assistants employed in their care.

The main points with relation to the sick, recorded in this return, may be tabulated thus :—

Date.	Number of Sick.	Nurses on Day Duty.	Nurses on Night Duty.	Total.	Number of Patients to each Nurse.	Number of Pauper Attendants.
1 January 1899 - - -	2,925	132	43	175	17	312
1 January 1900 - - -	3,357	150	53	203	16	315
1 January 1901 - - -	3,122	149	55	204	15	225
1 January 1902 - - -	3,177	153	57	210	15	222

A similar table shows the state of affairs as regards the Imbeciles and Epileptics :—

Date.	Imbeciles and Epileptics in Special Wards.	Attendants on Day Duty.	Attendants on Night Duty.	Total.	Number of Patients to each Attendant.	Number of Pauper Attendants.
1 January 1899 - - -	1,111	43	15	58	19	37
1 January 1900 - - -	1,104	44	18	62	17	43
1 January 1901 - - -	1,108	47	20	67	16	40
1 January 1902 - - -	1,124	46	20	66	17	34

A feature in the first of the above tables is the increase in the number of nurses and the decrease in the pauper ward attendants.

E. B. Wethered, General Inspector.

No. 8 DISTRICT.

RETURN relating to the SICK in the WORKHOUSES, &c., of the DISTRICT, on the 1st January 1902, and of the NURSES and PAUPER ATTENDANTS employed in their care.

UNION WORKHOUSES.	(1.) Number of Inmates under care of Medical Officer, exclusive of Imbeciles and Epileptics attended in special Wards.			(2.) Number of Paid Nurses in charge of such Inmates.													(3.) Number of Patients to each Paid Nurse.			(4.) Number of Paupers (other than Convales- cents) assisting in the Sick Wards.			
	Males.	Females.	Total.	On Duty by Day.								On Duty by Night.					By Day.	By Night.	By Day and Night.	By Day.	By Night.	Total.	
				Superintendent Nurses. 3 years and upwards.	Nurses who have had Hospital or Workhouse Infirmary Train- ing for a Period of—			Others not so trained.	Total on Day Duty.	Night Superintendent of Nurses.	Nurses who have had Hospital or Workhouse Infirmary Train- ing for a Period of—			Others not so trained.	Total on Night Duty.								
					2 years but less than 3.	1 year but less than 2.	Less than 1 year.				3 years and upwards.	2 years but less than 3.	1 year but less than 2.			Less than 1 year.							
GLOUCESTERSHIRE :																							
Bristol - - -	385	440	825	2	13	5	9	8	8	45	1	4	5	2	2	3	17	18	48	13	19	1	20
Cheltenham - -	47	44	91	1	1	1	-	-	-	3	-	2	-	-	-	-	2	30	45	18	9	-	9
Chipping Sodbury -	8	9	17	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	17	-	-	-
Cirencester - -	6	14	20	-	1	-	-	-	-	1	-	-	-	1	-	-	1	20	20	10	2	1	3
Dursley - - -	6	8	14	-	1	-	-	-	-	1	-	-	-	-	-	-	-	14	14	14	2	-	2
Gloucester - - -	44	52	96	1	1	-	2	-	-	4	-	-	-	1	1	-	2	24	46	16	-	-	-
Newent - - -	5	5	10	-	1	-	-	-	-	1	-	-	-	-	-	-	-	10	10	10	4	-	4
Northleach - -	4	4	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	3
Stow-on-the-Wold -	8	4	12	-	1	-	-	-	-	1	-	-	-	-	-	-	-	12	-	12	-	-	-
Stroud - - -	37	24	61	1	1	-	1	1	-	4	-	-	-	1	1	-	2	15	30	10	4	-	4
Tetbury - - -	3	5	8	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	8	2	-	2
Tewkesbury - -	7	4	11	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	4
Thornbury - - -	10	6	16	-	-	-	1	-	-	1	-	-	-	-	-	-	-	16	-	16	2	2	4
Westbury-on-Severn	21	20	41	-	1	-	-	1	-	2	-	-	-	-	-	-	-	21	-	21	6	-	6
Wheatenhurst -	6	9	15	-	-	-	1	-	-	1	-	-	-	1	-	-	1	15	15	7	2	-	2
Winchcombe - -	16	10	26	-	1	-	-	-	-	1	-	-	-	-	-	-	-	26	-	26	-	-	-
Total, Gloucestershire	613	658	1,271	5	22	6	14	11	9	67	1	6	5	6	4	3	25	20	51	14	56	7	63
HEREFORDSHIRE :																							
Bromyard - - -	17	2	19	-	1	-	-	-	-	1	-	-	-	-	-	1	1	19	19	9	1	-	1
Dore - - -	9	4	13	-	-	-	-	-	1	1	-	-	-	-	-	-	-	13	-	13	4	-	4
Hereford - - -	26	42	68	1	1	-	-	-	1	3	-	-	-	-	-	2	2	22	34	13	1	-	1
Ledbury - - -	10	2	12	-	-	-	-	-	1	1	-	-	-	-	-	-	-	12	-	12	4	-	4
Ross - - -	21	11	32	-	2	-	-	-	-	2	-	-	-	-	-	-	-	16	-	16	3	-	3
Total, Herefordshire	83	61	144	1	4	-	-	-	3	8	-	-	-	-	-	3	3	18	48	13	13	-	13
SOMERSETSHIRE :																							
Bath - - -	74	92	166	1	5	-	-	4	-	10	-	2	-	1	-	4	16	41	12	-	-	-	-
Keynsham - - -	14	19	33	1	-	-	-	1	-	2	-	-	-	-	1	-	1	16	33	11	-	-	-
Long Ashton - -	9	15	24	1	-	-	-	-	-	1	-	-	-	-	1	-	1	24	24	12	1	1	2
Total, Somersetshire	97	126	223	3	5	-	-	5	-	13	-	2	-	1	3	-	6	17	37	12	1	1	2
STAFFORDSHIRE :																							
Lichfield - - -	38	28	66	1	1	-	1	-	-	3	-	-	-	-	-	1	1	22	66	16	8	2	10
Seisdon - - -	-	2	2	-	-	-	-	-	1	1	-	-	-	-	-	1	1	2	2	1	1	-	1
Tamworth - - -	14	18	32	-	1	-	-	-	-	1	-	-	1	-	-	-	1	32	32	16	2	-	2
Walsall - - -	55	50	105	1	-	2	3	1	-	7	-	1	1	1	-	-	3	15	35	10	4	-	4
West Bromwich -	97	88	185	1	2	-	-	-	3	6	-	2	-	-	-	-	2	31	93	23	26	12	38
Wolverhampton -	136	88	224	1	2	3	1	3	-	10	-	1	2	1	1	-	5	22	45	15	4	4	8
Total, Staffordshire	340	274	614	4	6	5	5	4	4	28	-	4	4	2	1	2	13	22	47	15	45	18	63

RETURN relating to the sick in the workhouses, &c., of the district, on the 1st January 1902, and of the nurses and pauper attendants employed in their care—*continued*.

UNION WORKHOUSES	(1.)			(2.)														(3.)			(4.)		
	Number of Inmates under care of Medical Officer, exclusive of Imbeciles and Epileptics attended in special Wards.			Number of Paid Nurses in charge of such Inmates.														Number of Patients to each Paid Nurse.			Number of Paupers (other than Convalescents) assisting in the Sick Wards.		
				On Duty by Day.							On Duty by Night.												
				Superintendent Nurses.	Nurses who have had Hospital or Workhouse Infirmary Training for a period of—				Others not so trained.	Total on Day Duty.	Night Superintendent of Nurses.	Nurses who have had Hospital or Workhouse Infirmary Training for a period of—				Others not so trained.	Total on Night Duty.						
					3 years and upwards.	2 years but less than 3.	1 year but less than 2.	Less than 1 year.				3 years and upwards.	2 years but less than 3.	1 year but less than 2.	Less than 1 year.								
Males.	Females.	Total.															By Day.	By Night.	By Day and Night.	By Day.	By Night.	Total.	
WILTSHIRE—																							
Cricklade and Wootton Bassett.	10	11	21	-	-	1	-	-	1	2	-	-	-	-	-	-	11	-	11	2	-	2	
Swindon and Highworth.	47	34	81	1	1	1	1	-	-	4	-	-	-	1	-	-	1	20	81	16	3	-	3
Total, Wiltshire	57	45	102	1	1	2	1	-	1	6	-	-	-	1	-	-	1	17	102	15	5	-	5
WORCESTERSHIRE—																							
Bromsgrove	17	17	34	1	-	-	1	-	-	2	-	-	-	1	-	-	1	17	34	11	-	-	-
Droitwich	16	10	26	-	1	-	-	-	-	1	-	-	-	-	-	1	1	26	26	13	-	-	-
Dudley	101	108	209	1	2	-	3	-	1	7	-	-	-	1	-	-	1	29	209	28	27	-	27
Evesham	15	17	32	-	1	-	1	-	-	2	-	-	-	-	-	-	-	16	-	16	3	-	3
Kidderminster	68	79	147	1	2	2	1	-	-	6	-	-	1	-	-	-	1	24	147	21	9	3	12
Martley	21	20	41	1	-	-	-	1	-	2	-	-	1	-	-	-	1	20	41	13	2	-	2
Pershore	5	8	13	-	-	-	-	-	1	1	-	-	-	-	-	-	-	13	13	13	3	3	6
Shipston-on-Stour	10	6	16	-	-	-	-	1	-	1	-	-	-	-	-	-	-	16	-	16	2	1	3
Stourbridge	66	60	126	1	2	-	-	1	-	4	-	-	2	-	-	-	2	31	63	21	20	-	20
Upton-on-Severn	15	16	31	-	-	-	-	-	2	2	-	-	-	-	-	-	-	15	-	15	3	-	3
Worcester	46	42	88	1	2	-	-	-	-	3	-	2	-	-	-	-	2	29	44	18	-	-	-
Total, Worcestershire	380	383	763	6	10	2	6	3	4	31	-	2	4	2	-	1	9	24	85	19	69	7	76
Total of whole District	1,570	1,547	3,117	20	48	15	26	21	23	153	1	14	13	12	8	9	57	20	54	15	189	33	222

No. 8 DISTRICT.

RETURNS relating to the IMBECILES and EPILEPTICS in SPECIAL WARDS in the WORKHOUSES and in the DISTRICT, on the 1st January 1902, and of the ATTENDANTS and PAUPER ASSISTANTS employed in their care.

UNION WORKHOUSES.	Number of Imbeciles and Epileptics in Special Wards.			Number of Paid Attendants on such Class.			Number of such Patients to each Paid Attendant.			Number of Sane Paupers assisting in the care of such Class.		
	Males.	Females.	Total.	By Day.	By Night.	Total.	By Day.	By Night.	By Day and Night.	By Day.	By Night.	Total.
GLOUCESTERSHIRE.												
Bristol - - - - -	162	290	452	21	8	29	21	56	15	4	-	4
Cheltenham - - - - -	23	27	50	3	-	3	17	-	17	2	1	3
Chipping Sodbury - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Cirencester - - - - -	7	6	13	1	1	2	13	13	6	-	-	-
Dursley - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Gloucester - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Newent - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Northleach - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Stow-on-the-Wold - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Stroud - - - - -	9	15	24	2	-	2	-	-	12	2	-	2
Tetbury - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Tewkesbury - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Thornbury - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Westbury-on-Severn - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Wheatenhurst - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Winchcombe - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Total, Gloucestershire - - -	201	338	539	27	9	36	20	60	15	8	1	9
HEREFORDSHIRE.												
Bromyard - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Dore - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Hereford - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Ledbury - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Ross - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Total, Herefordshire - - -	-	-	-	-	-	-	-	-	-	-	-	-
SOMERSETSHIRE.												
Bath - - - - -	29	52	81	4	2	6	20	40	13	4	-	4
Keynsham - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Long Ashton - - - - -	12	13	25	2	1	3	12	25	8	-	-	-
Total, Somersetshire - - -	41	65	106	6	3	9	17	35	12	4	-	4
STAFFORDSHIRE.												
Lichfield - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Seisdon - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Tamworth - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Walsall - - - - -	10	9	19	-	-	-	-	-	-	2	-	2
West Bromwich - - - - -	56	68	124	2	2	4	62	62	31	4	4	8
Wolverhampton - - - - -	50	71	121	4	2	6	30	60	20	3	-	3
Total, Staffordshire - - -	116	148	264	6	4	10	44	66	26	9	4	13
WILTSHIRE.												
Cricklade and Wootton Bassett - - -	-	-	-	-	-	-	-	-	-	-	-	-
Swindon and Highworth - - -	-	-	-	-	-	-	-	-	-	-	-	-
Total, Wiltshire - - -	-	-	-	-	-	-	-	-	-	-	-	-
WORCESTERSHIRE.												
Bromsgrove - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Droitwich - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Dudley - - - - -	50	83	133	3	2	5	44	66	26	2	-	2
Evesham - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Kidderminster - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Martley - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Pershore - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Shipston-on-Stour - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Stourbridge - - - - -	25	37	62	2	2	4	31	31	16	6	-	6
Upton-on-Severn - - - - -	-	-	-	-	-	-	-	-	-	-	-	-
Worcester - - - - -	7	13	20	2	-	2	10	-	10	-	-	-
Total, Worcestershire - - -	82	133	215	7	4	11	30	54	19	8	-	8
TOTAL OF DISTRICT - - -	440	684	1,124	46	20	66	24	56	17	29	5	34

APPENDIX IX.

Poor Law Board,
Whitehall, S.W.
5th May, 1865.

Sir,—The Poor Law Board deem it advisable to direct the attention of the Guardians to the state of their infirmary or sick wards, in regard to the nurses and attendants upon the sick.

The General Consolidated Order, where it is in force, and the General Regulations which regulate the government of the workhouses in places where that Order is not in force, provide for the appointment of a nurse as a paid officer of the workhouse. They also provide for the appointment of such assistants to the nurse, to be likewise paid for their service, as the Guardians may deem necessary for the efficient performance of the duties of the office.

The Orders have prescribed the following as those duties:—

Art. 213. The following shall be the duties of a nurse for the workhouse:—

No. 1. To attend upon the sick in the sick and lying-in wards, and to administer to them all medicines and medical applications, according to the directions of the medical officer.

No. 2. To inform the medical officer of any defects which may be observed in the arrangements of the sick or lying-in ward.

No. 3. To take care that a light is kept at night in the sick ward.

It is obvious that these duties require, in any workhouse where there are many sick patients, great care and attention on the part of the nurse. The office is one of very serious responsibility and labour, and requires to be filled by a person of experience in the treatment of the sick, of great respectability of character, and of diligent and decorous habits. Such person cannot discharge the duties of the office singly, but must have the assistance of others of both sexes; and there is scarcely less need of the same qualities in the persons who are to be the assistants than of those required for the chief officer.

Hence it is necessary that the nurses should be

adequately remunerated, and that they should be appointed after a strict investigation of their qualifications for the office. But the Board consider it of the highest importance that the assistants to the nurse should also be paid officers. By appointing paid assistants the Guardians will have an opportunity of selecting persons whose qualifications for the office can be properly ascertained, and they will also be able to hold such officers responsible for negligence or misconduct, as in the case of the superior officers of the workhouse.

Where pauper inmates are directed to act as assistant nurses there is no stimulus to exertion, no test of capacity, and no responsibility for negligence.

The Board therefore recommend that the Guardians will, as far as possible, discontinue the practice of appointing pauper inmates of the workhouse to act as assistant nurses in the infirmary or sick ward.

It is alleged that there may be some difficulty in finding an adequate supply of competent persons for these offices in the workhouses. Upon this point the Board have no definite information; but this will be readily tested if the Boards of Guardians are prepared to make offers of fair and remunerative wages or salaries to those who will be willing to engage.

The Board have to make one further observation, that where the arrangements of the workhouse will permit, it is very desirable that special accommodation should be provided for the nurse and the paid assistants, so that they may be always ready to attend upon the patients, and be removed as much as possible from the distraction which the proceedings in a large workhouse are calculated to produce.

The details of these arrangements will doubtless vary in many of the unions and parishes, and the Board will be ready to entertain any communication which the Guardians may make to them upon the subject; but they cannot avoid expressing their earnest hope that it will obtain the immediate attention of the Guardians.

I am,

Your obedient servant,

The Clerk to the Guardians.

Secretary.

APPENDIX X.

THE NURSING DIFFICULTY IN PROVINCIAL UNIONS.

By F. R. Humphreys, L.R.C.P. Lon.

In the English Poor Law we see compulsory charity working on a State-organised basis. It is the direct descendant of the charitable institutions of the Middle Ages, the monasteries and convents, and their associated houses of rest, and entertainment, and nursing. At their dissolution, in the reign of Henry VIII., the Poor Law took its first start. But it was not till much later, not indeed until the nineteenth century was well advanced, that the repressive methods of our own time came into play. The country was being ruined by the vast numbers of able-bodied healthy persons who, unwilling to find work or too lazy to do it when found, expected to be supported out of the rates. The policy of the Guardians of the Poor, the executive agents of the Poor Law Acts, directed by the Local Government Board and its predecessors in office, has been the repression of the able-bodied healthy pauper, the strict limitation of outdoor relief, and rigid economy throughout. The parental hand of the Local Government Board, though weak at times, has no doubt given every chance to the Guardians to take individual interest in the people committed to their charge, and to develop and practically apply the principles of philanthropy; but it expected too much from the moderately educated class from which Guardians are mostly elected, especially when dealing with such technicalities as modern nursing.

The modern Poor Law is, primarily, repressive in object and method, based on the Consolidated Order issued during one of the most serious crises of modern times. It consists, however, of two totally different functions: the one the relief of the sick and infirm pauper, the other the prevention of the idle and vagabond. For convenience of administration, both sections have been placed in the same hands, and both are still under regulations laid down in the repressive Consolidated Orders. In aims and methods they should, of course, be widely separated. One function has succeeded, the other has failed. The able-bodied healthy pauper has been successfully dealt with*; the sick and infirm alone remain; the relief of sickness and the alleviation of the infirmities of old age are now the principal preoccupation of the Poor Law. But the coils of the repressive system, as applied to the healthy able-bodied, have become entangled round the necks of the sick.

In a circular letter to Boards of Guardians on "Workhouse Administration," dated 29th January, 1895, the Local Government Board says:—

"It is undoubtedly the case that since workhouses were established under the Poor Law Amendment Act, 1834, the circumstances connected with the administration of relief, and the character of those for whom accommodation in workhouses has to be provided, has so materially changed that arrangements originally adequate and in accordance with the spirit of the times have ceased to be so. It may be pointed out that whilst workhouses were in the first instance provided chiefly for the relief of the able-bodied, and their administration was therefore intentionally deterrent, the sick, the aged, and the infirm now greatly preponderate, and this has led to a change in the spirit of the administration, although it is still based on the General Consolidated Order of 1847."

Placed by the Poor Law machinery in wards con-

structed for the repressive system, nursed by attendants mostly either unskilled or totally unfitted (*i.e.*, paupers) deterred by the resulting aggravation of their sufferings from seeking relief till the last possible moment, the sick suffer because the lazy are idle. The convalescent patient quits the workhouse at the earliest possible moment, too often an example of the survival of the unfit, with chronic disease or half-healed wounds, deficient in energy and physical powers. His earnings are precarious, his health gets worse from starvation and consequent depression, secondary disease or recurrence of his former complaint follows; and after several attempts to earn his own livelihood, he loses heart and becomes a permanent burden on the rates. His home then breaks up, and his children, losing their home life, pass on to the rates, or, existing on the charity of a friend or relative, add to the burden of one who himself is, in all probability, but little removed from the condition of pauperism.

In a memorandum dated April, 1892, Dr. Downes, Inspector of the Local Government Board, on the nursing in workhouse sick wards, says: "Humanity and economy alike dictate that the sick poor in workhouse sick wards should receive nursing treatment not less efficient than that which is now offered in general hospitals and in well-administered cottage hospitals. . . . Attention to the warmth and ventilation of the wards and to the administration of medicines, stimulants, and food, the application of poultices, the management of the natural wants of the feeble and paralytic, and care for those in pain or dying, are all duties which should be confided to none but responsible nurses." The memorandum is specially directed against the employment of paupers as nurses, but it applies equally to untrained women put in charge of sick wards. The memorandum goes on to say:—"It will generally be admitted that the sick poor can usually be better attended and nursed by skilled nurses in well-equipped sick wards than in their own homes; and the regularity, neatness, and order of the wards tend to diminish the repugnance to entering the workhouse which is often evinced by the sick poor of the better class when reduced to want by failing health. The diminution of suffering consequent on skilled nursing is a gain which cannot be expressed." Mention has already been made of the immense number of sick poor who obtain outdoor relief. It would appear better that repression should be exercised in this direction than in that of the sick in the wards of the infirmaries. The sick poor should be encouraged to enter the infirmaries by providing there the best possible means of alleviation for their sufferings.

A sick pauper is, of all persons, the one to be most carefully tended during sickness. He has no capital but health, and the physical strength which depends on it. If he loses his capital, *i.e.*, his health, he and his family necessarily become a burden to the ratepayer.

Every day of sickness of a poor person robs the State of the wages he loses, and puts it to the cost of maintaining him and looking to his wants. The Poor Law should, therefore, be administered as a system of insurance whereby the complete return to health of a sick person is provided for, and whereby the aged are enabled to postpone the disabling effects of old age, and so keep off the rates as long as possible. The sick person should

* Annual returns made to the Local Government Board show that pauperism, as a whole, is decreasing on the one hand, and changing its character on the other. The most recent return (1901) shows that there are 25 paupers to every 1,000 of the population; whereas between 1861 and 1872 the proportion varied from 40 to 48 per 1,000. The reduction in numbers mainly affects that class known as the "adult able-bodied pauper" receiving outdoor relief. The phrase "able-bodied" means persons who are able-bodied when in their ordinary health; but of the 14,450 adult able-bodied males who received indoor relief on July 1st, 1899, 9,618 were temporarily disabled, and of the 9,803 who received outdoor relief, 9,516 received relief on account of their own sickness, accident, or infirmity, or that of some member of their family, or to defray the expense of a funeral (29th Annual Report of the Local Government Board for 1899-1900).

The persons relieved out of the rates may be classified as follows, in the proportions given:—Vagrants, less than 1 per cent. of the whole number of paupers; children under 16, about 25 per cent; insane paupers, about 12 per cent.; able-bodied male and female adults, 12 per cent (the great majority of these are ill); not able-bodied male and female adults, 50 per cent.

be encouraged to come into the workhouse hospital at an early period of his complaint, just as those members of the community who belong to sick clubs run to the doctor almost before they are ill, and so often avert a serious illness.

When in health the workman nowadays is usually a self-supporting, self-respecting person, who, at any rate when young, never goes on the rates until all other means fail him, and when he cannot obtain entrance to a general hospital, or, at a later stage, to a convalescent home. Except that the general hospitals are crowded by persons who, having private means, are not proper persons to enter them at all, there is no real difference between the class of persons who are relieved by the voluntary charities and those who come on the rates. Charity makes up for the deficiencies of the Poor Law—that is all. Many of the cases of sickness are similar to those which are received into the general hospitals. "It would be an error to suppose that the great mass of disease admitted (into the metropolitan Poor Law infirmaries) are of an incurable nature" (13th Annual Report of the Local Government Board, p. xxxv.), and the same observations apply to other workhouse infirmaries. The sick, the aged, and the infirm occupy the workhouse sick wards, the two latter classes being practically chronic sick. Workhouses must, therefore, be regarded as hospitals, and not as places for the repression of idleness. But how different is the treatment in hospital and workhouse!

A modern hospital is made successful by the skill and knowledge brought to bear upon each of the various parts of which its system is built up. The wards are specially built and equipped for their purpose. Everything that can be done to facilitate nursing and to lighten the work of the nurse is there. The medical staff is highly efficient—if paid for their services they would command high fees—and gives a great deal of time, thought, and care to the work. The nursing staff is highly trained, and is in ample proportion to the patients. In the larger institutions there is always a training school for nurses attached to the hospital wards.

On the other hand, the sick wards of a workhouse may be said to be lacking in everything which makes for success, or which facilitates the work.

The buildings are mostly small, badly built, or "adapted" from some unsuitable structure. The essentials of nursing are often wanting. The medical staff is represented (in the ordinary workhouse infirmary) by a single, underpaid, overworked official, who lives outside, and often at some distance from the infirmary, and who is engaged in the general practice of his profession. He finds it is useless to give even ordinary directions for the treatment of the sick, as there is usually no one who knows how to carry them out.

The nursing staff is, even in the better infirmaries, made up of, perhaps, one or two well-trained nurses, whose whole time, however, is occupied in filling up forms and writing up reports, and who are simply lost in a multitude of "assistant nurses." These last are totally untrained, entered as probationers for a three years' course of training, a training which they frequently receive only in name.

The staff is too often "strengthened" by means of women who have issued from other similar institutions with certificates which bear evidence—to the initiated—of the absence of any training worthy of the name.

The staff is completed by infirm paupers

At this point we may stop for a moment to inquire what should be the standard of training of a nurse employed in a workhouse infirmary, and what should be the definition of a probationer?

The certificates of a trained nurse should show that she has received theoretical and practical training in the medical and surgical wards of either (a) a general hospital of not less than a hundred beds, being a training school for nurses and maintaining a resident medical officer; or (b) of a workhouse infirmary (1) of not less than 200 beds, (2) with a resident medical officer, (3) with a trained nurse as matron or superintendent nurse, (4) with an average of one staff nurse (not including matron or superintendent nurses), trained in accordance with this definition, to not more than 10 or at the outside 15 patients (day and night nurses added together), (5) with one or more trained nurses at night.

The definition of a probationer should be "a person learning her work in a hospital or infirmary, staffed as above stated, with not more than one probationer to two staff nurses, and where opportunity is afforded by

lectures and clinical instruction to acquire the principles of nursing." She should not be granted a certificate until after due and sufficient training, and after passing a final examination which should have been conducted by examiners not connected with the institution where she has received her training. She should, of course, not occupy the position nor take the responsibilities of a trained nurse, at any rate, not previous to the commencement of the third year of her training. The very serious questions of attracting suitable women to enter as probationers, and of retaining them for a number of years in the Poor Law service will be briefly considered further on; but it may be said at once that sufficient inducements have hitherto not been offered in either direction, and there will always be so many disadvantages, from a nursing point of view, in this service as compared with the attractions which are presented by general hospitals, district nursing associations, private nursing, and the like, that the advantages will have to be made very real and the gain very solid if the Poor Law service is to successfully vie with outside attractions. If the Poor Law service is to be a "going concern" it must be practically self-supporting in the matter of nurses. It has never yet approached a condition of effective nursing, and is now descending instead of ascending in the standard of nursing. And this is happening, strangely enough, in spite of the fact that the Government, after half a century of stolid inaction, have at last made a move in the right direction.

In August, 1897, the first "General Order, Nursing of the Sick in Workhouses," was promulgated by the Local Government Board. Under pressure from outside, with the example of the general hospitals to lead them, and with the previous work of the Workhouse Infirmary Nursing Association to encourage them, the majority of Boards of Guardians at last woke up to the fact that workhouse infirmaries were not being properly nursed. The "Order" was the echo back of the Local Government Board, and as far as it went it was good. It insisted on some trained nursing. But to everybody's disappointment, while fixing the training of the superintendent at a three years' course, the Order provided no means of training for either this or the lower grade of nurse, or rather ward-attendant.

It also permitted a disastrous lapse—under certain rather wide limits, the continued use as nurses of the paupers who, up to that time, had been largely employed in this capacity.

The second grade of nurse, the "assistant nurse," was not required to be trained, nor did the Order fix any ratio between the nurses and the number of patients under their care. Neither did it remove any of the grave but, for the most part, preventable difficulties which encompassed the nursing of sick persons in workhouses.

The master and matron are still able to interfere arbitrarily with the nursing by refusing adequate supplies of necessaries.

It made the difficulty of getting trained nurses no less; indeed, it increased the difficulty, for it took away the prospects of the lower grade of rising to the post of superintendent. Nor did it remove the disabilities peculiar to the workhouse. In 1900 a number of Boards of Guardians passed resolutions on the inadequate supply of nurses for Poor Law infirmaries, and the lack of means of training women for these institutions.

This very serious condition of affairs is amply shown in the reports of the Local Government Board Inspectors.

The following extracts from the reports of the general inspectors of the Local Government Board for the year 1899, published in the Appendix to the 29th Annual Report of the Local Government Board, serve as illustrations. "The difficulty of obtaining and retaining the services of nurses for workhouses continues to increase" (p. 93). This inspector shows that the proper proportion between nurses and patients should be 1 to 15. For his district it was 1 to 20, varying between 47 and 17 patients per nurse. "I regret to have to report friction between masters and matrons on the one part, and nurses of the infirmaries on the other. . . . Even under the present circumstances I think that this friction could be to some extent avoided. . . . if the responsibilities of the master and matron could be defined." "The employment of probationary nurses is on the increase, the object being generally to save expense in the way of salaries. Where there is a resident medical officer there can be no objection to the employment of probationers within reasonable numbers. But

where there is not a resident medical officer probationers cannot rise above the position of a charge nurse. They cannot qualify for the position of superintendent nurse, and consequently it cannot be expected that the most capable young women who desire to be trained as nurses will apply under these, what I may call, restrictive possibilities for the future" (pp. 119, 120).

"The following four workhouses, where the sick are left to take care of themselves at night, or, what is perhaps rather worse for those unfortunate patients who may need occasional attention, in charge of pauper helps . . ." Other illustrations are also given.

"The General Order on nursing in sick wards cannot be duly carried out where only one nurse has charge of a two-storied infirmary. The moral is that untrained housemaids at £20 a year are not effective understudies of the nurse's rôle" (pp. 138-9).

A review of the whole subject has therefore become desirable in order to try and ascertain what steps can be taken, and in what directions, to ensure that paupers, when sick and in the Poor Law infirmaries, shall receive the attendance their condition demands, under the statutory orders issued by the supervising Local Government Board as empowered by Parliament.

The training of nurses for the Poor Law service is the most important part of the whole system. Round it almost all the other questions may be said to circle. The reason why the training of nurses in the workhouses has so far failed is because it has been an attempt to graft modern ideals upon ancient deficiencies. A training school implies material to train nurses upon.

The infirmary to which the training school is attached must contain at least 200 beds.

The necessary resident medical officer is a *rara avis* in workhouse infirmaries. Again, the pupils must be constantly under the direct supervision of well-trained nurses. Further, not only must the training be good, but if the system is to work, an unnecessary waste of nurses by resignation must be prevented by all means in our power. Some means must also be found to induce pupils to remain for a considerable length of time in the service which has trained them. The attractions must be increased if nurses are to be obtained from outside.

We have now arrived at the following condition of affairs. Briefly summarised, the Provincial Poor Law infirmaries, where the difficulties mainly exist, consist of some 652 workhouse sick wards and separate workhouse infirmaries, the former being usually small and always contained within the workhouse walls, and subject to the rule of master and matron in many respects, though the actual nursing is now under the medical officer. The separate infirmaries are outside the workhouse bounds, and are under the medical superintendent's control. Both of these are under the Boards of Guardians for the union.

Many of these institutions are very small, two-thirds of them contain on an average less than 45 patients. They are not required to have even a solitary trained nurse within their walls, *unless they have three nurses*, in which case one of them must be trained; and this of course applies to nearly all the smaller infirmaries. Often a single trained nurse is all that is supplied by the Guardians—when the nurse has any training at all—and she has to work night and day, sick or well, if she wants to pull a bad case through. Holidays are of course impossible, and outdoor exercise almost unobtainable for a nurse so situated.

The smallness of the majority of the provincial workhouse infirmaries militates in several ways against the proper nursing of the patients. In the first place it is impossible to get well-trained nurses to stay for any considerable length of time in places where they lose

their skill for want of practice, and where the monotony of life is very great. In the next place, it is in these small places that the conditions inseparable from trained nursing are most wanting, and where the largest amount of obstruction and jealousy makes itself manifest. Then, again, these places are for the most part empty, or nearly so, all the summer, only filling up again when the winter comes on. It is, therefore, from these small institutions that the greater number of resignations of nurses comes; and it is in great part from the conditions found in their wards, the mismanagement of the Guardians, and the bullying by the officials, that the Poor Law service has come into such bad repute with nurses.

Nothing effectual can be done so long as the enormous proportion of small workhouse infirmaries remains, for the difficulties of getting trained nurses to take posts in these places is insuperable.

The disappearance of the small workhouse infirmary has, therefore, become a necessity, and the manner of their disappearance has now to be dealt with.

In the calculations which follow, the following points have been taken as a working basis. There is to be not less than one nurse to each fifteen patients. The nurses are taken as staying on an average five years in the service, and not more than one probationer is allotted to two staff (trained) nurses. The former standard is the minimum suggested by Dr. Downes in the circular referred to above. The latter is, it is feared, almost beyond this proportion of probationers to nurses which can safely be maintained in the somewhat limited experience to be obtained in a workhouse ward. The figures on which the estimates are based are from Parliamentary Returns relating to workhouses, etc. (August 20th, 1896), 10 per cent. being added to allow for the difference between the average and the actual number of patients at the date of the return (June).

Of the whole of the provincial workhouse infirmaries only between 30 and 40 are large enough (200 beds and over) to properly train probationers. Supposing that 30 of these, having 12 staff nurses each on an average, can train six probationers, we get this result. They can each have six probationers training, or 180 in all. Each of these takes three years to train, so that only 60 probationers would be annually turned out, in this particular case, as fully trained nurses.

As at that period (1896) organised, in the very best of circumstances (very far from the present conditions), the 39 provincial workhouse infirmaries which contain 200 patients or more on an average, could not turn out more than about 180 fully-trained nurses each year. The metropolitan workhouse infirmaries* on the same principles, could turn out about 150 more, making a total for the whole country of about 330 trained nurses each year. At one nurse to 15 patients about 4,200 staff (trained) nurses would be required to nurse the 64,000 patients, which, on an average, are to be found every day in the workhouse (metropolitan and provincial) infirmaries; indeed, if the infirmaries were general hospitals some 12,000 nurses would be required to do the same work. Estimating the length of stay at five years, on an average, for a trained staff nurse (far in excess of the present ratio), even under the best conditions there would be about 840 resignations each year. The vacancies would, of course, have to be filled up at once, as the proportion of one nurse to 15 patients, the lowest that can be considered "trained nursing" must be maintained. Now, if the present number of small infirmaries is allowed to continue, there will be a deficit each year amounting to more than

* The following figures are taken from another source of information, "Burdett's Official Nursing Directory, 1901." The Directory gives 23 training schools for nurses in connection with the Metropolitan Poor Law infirmaries. These are stated to take a total of 657 probationer nurses for the three years' training; that is, a turning out each year about 220 trained nurses. To train these, there are about 220 sisters and superintendents, and about 430 charge and staff nurses, 660 in all, or at the rate on an average of about one probationer to each one of the trained nursing staff. The proportion varies from nine probationers to 44 staff, to 74 probationers to 12 staff, and 64 to 14.

"Burdett's Hospital Annual" gives the proportion between beds and staff (excluding probationers) at 1 to 6½ for the London Hospital, and 1 to 8½ for Guy's. At the same institutions, the proportion between sisters plus staff nurses and probationers is 121 to 175 for the former, and 67 to 129 for the latter. From the same source, it would appear that the average occupied beds in the infirmaries is about 15,000. These would require about 1,000 staff nurses, and might train as a maximum on the present average, some 333 probationers at one time, turning out about 111 per annum, or at one probationer to two staff—about 508 probationers, and 16 per annum. If the third-year probationer were to be looked upon for nursing purposes as a staff nurse, then the trained (permanent) staff might be reduced to about 856, with about 428 probationers, turning out 143 trained nurses each year.

one half of the total vacancies, and if the system were to be put on a perfect nursing footing now, next year there would be too few (trained) staff nurses to properly train probationers; it would be still worse a year later, and there would soon be as bad a condition of things as at present.

This deficit in the nursing balance sheet is due, as has been shown, to the fact that the vast majority of workhouse infirmaries are too small to train; and it is evident that so long as the small workhouse infirmaries are permitted to exist in the present number, or in anything approaching to it, no proper nursing of sick paupers can be carried on—unless, indeed, the Local Government Board provides some heroic measures for training, which seems most improbable.

It is impossible, as has been found in practice, to get sufficient trained nurses from outside to supply the deficiencies of the system, and even such, if they do enter it, require an additional training, and have to abandon many of what are usually considered the proper standards of nursing before they are fit for their duties. These nurses, too, are naturally those who directly or indirectly give rise to most of the friction which occurs in workhouse infirmaries.

A necessary preliminary to the solution of the training difficulty lies, then, in the removal of the sick poor from the smaller infirmaries to large centrally situated institutions, conveniently situated for their reception, properly constructed, adequately staffed, and capable of self-support in the training of probationers. The proper nursing of the sick can only be secured by this step. These proposed central institutions are in this article termed "District Hospitals."

Having arrived thus far, the next thing is to ascertain whether it is possible to fix upon centres so situated that they could receive the sick from the surrounding unions without putting them to such suffering and risk in the process of removal as would discount the resulting benefits. Further, they must be within reasonable distance of their friends and relatives, and not beyond the reach of the Guardians. These places would have to be in good road or short rail communication with the unions affiliated to them; they would have to be in or near the county town or the local market town. Road ambulances and rail ambulance carriages have made the removal of patients from place to place a matter of very little risk or annoyance to the sick, where the distance is not great, and where the methods of removal are up to the modern standard.

A long and careful investigation into the whole matter has convinced me that the 652 infirmaries may conveniently be reduced to about 148 in number, 92 of which would contain 200 beds or more. A few of the workhouse infirmaries are so isolated that it seems almost impossible to move the sick from the surrounding districts to any central institution; but in respect to some of these it is suggested that neighbouring hospitals might be made of more use than they now are, all severe cases being sent there at once instead of being conveyed to the union infirmary. Guardians have legal power to subscribe to hospitals for the benefit of the poor for whom they are responsible, and it is only a detail for the Local Government Board to authorise its auditors to pass these items in the Guardians' accounts.

In fixing upon the centres given below, the following considerations have been specially considered:—

1. The distance the sick have to be carried from their union infirmaries, which is taken as giving the average distance they would have to be conveyed. Fifteen miles by road, where the road is a good one, and does not pass over mountains, or thirty miles by train, regard being paid to changes of train, etc., are fixed as the limits to which patients should be carried from their unions, and with some half a dozen exceptions these limits have been maintained.

2. Other things being equal, the places where the greatest number of patients are found are selected as centres.

3. Preference is given to those places where separate infirmaries are already in existence. An enlargement of the existing buildings, where these are separate and modern, would answer the purpose in many cases; and in others it would probably be better to build new buildings separate altogether from the old ones, where these are already of a large size.

4. In nearly every case the local county town or a large market town has been chosen. The convenience of friends, of visiting Guardians, and others is thus consulted.

5. As far as possible the limits of size have been kept within moderation. Two hundred beds is regarded as a minimum limit (for reasons connected with training), and about 500 should be a maximum. It is impossible to get this number of patients together in some 56 outlying districts, and the district hospitals must, in those cases, be affiliated to one or more training centres to ensure their having a supply of trained nurses. In some of these outlying centres, where the present infirmaries contain from 100 to 200 beds (and there are some 48 of these), it might be left optional—with the consent of the central authorities—for them to continue to receive patients. They contain in the aggregate about 6,500 patients, and would require a staff of about 433 nurses, with some 80 or 90 vacancies to be filled each year. These places will have to be linked on to larger infirmaries, being unable to train their own nurses.

In many cases the maximum number of beds required will considerably exceed the assumed average, as the smaller infirmaries are practically empty in summer, and are often over full at the approach of winter, and this will imply increase in every direction.

The Welsh infirmaries are in a hopeless condition, and something will have to be specially done for them. In all Wales there are only two infirmaries which can train probationers, and in all only between 30 and 40 probationers can receive the three years' training in them at one time, 12 being about the annual output of trained nurses. A few of the English workhouse infirmaries are so isolated that they, too, will have to be affiliated to some training centre from which they would obtain a supply of nurses, a constant exchange being arranged between the training school and the small infirmary, thus keeping the nurses up to their work, and not wearying them with the monotony of the small place.

With regard to expenses, the question of cost of building has not been gone into; but it is certain that nothing can be done without building, and a great deal of new construction and structural alterations are being done. The construction in future of new workhouse infirmaries of less than 200 beds cannot but add to the difficulties of the situation, not being capable of being self-supporting in the matter of nurses, and should not be sanctioned by the Local Government Board. The cost of the new buildings and of the enlargements should be spread over a large area, especially in those cases in which Guardians have recently been at expense in attempting to rearrange existing or erect new buildings. A great advantage of this scheme is the wide distribution of the burden on the ratepayers. The expense connected with the nursing in the new institutions under this scheme should be equally divided—as is done by the Scotch Local Government Board—between the Local Government Board and the local rates. The other expenses of the district hospitals should undoubtedly be defrayed out of Imperial revenues. The poor tend to congregate in certain parts of the country, and it is not fair that the merely local rates should be burdened with the cost. The Government contribution should, however, be made to depend upon the efficiency of the whole institution. The interests of the Guardians would then lie in doing their very best for their pauper charges, instead of being limited by their notions of what a pauper should cost their pockets, the management of the illness from which he is suffering being a secondary consideration. The proper way to keep the expenditure within reasonable limits would appear to be to limit the Government grant to a certain maximum. Bonuses might be granted by Government for trained probationers, somewhat after the plan of the education department in reference to pupil teachers, and some reward would have to be offered to induce nurses to remain for five years at least in the district hospitals.

These district hospitals should be under the general control of a board of nursing, medical, and Poor Law experts, appointed by the Local Government Board. The actual management of the district hospitals would, naturally, be vested in a committee of the Boards of Guardians concerned, and should be strengthened by co-opted experts.

In this scheme the old workhouse infirmaries would have their places as receiving houses in which acutely sick cases might be temporarily received until able to travel. Each of the district hospitals should be required to keep an outdoor staff of nurses ready to send to its affiliated infirmaries, as may be required. But since such a staff would necessarily be restricted in numbers, only those persons whom the parish doctor thought unfit for removal to the district hospital should

be retained at the union. In such cases the doctor should be required to give proper medical attendance, etc., and he should be remunerated on the same scale as in the special cases mentioned in the General Order (Consolidated), 24th July, 1897, Article 183. The miserable stipends of parish medical officers have long been a public scandal. The emptied infirmaries might also be utilised in other ways, as, for instance, dwellings for the aged deserving poor, as labourers' dwellings, or as convalescent homes even, in suitable localities. The repressive section of the Poor Law would, of course, still require its special buildings.

These conclusions have not been arrived at without considerable thought and discussion.

The localities in which it is suggested that district hospitals should be placed have been chosen after first making a rough map of the whole of the existing infirmaries. Their position having been decided, the exact distance by rail and by road was measured on a large scale map, from the town or village of the same name as the union to the proposed centre. Hilly roads were avoided, and main roads were preferably chosen. In some half a dozen cases the places could not be found on the map.

Name of proposed Centre.	Beds.	Staff Nurses. 1 to 15 Beds.	Probationers. 1 to 2 Staff Nurses.
SOUTH EASTERN COUNTIES.			
Surrey :			
Croydon - - - - -	571	39	19
Kingston - - - - -	390	26	13
Guildford - - - - -	538	36	18
Kent :			
Tonbridge - - - - -	537	36	18
Gravesend - - - - -	272	19	9
Canterbury - - - - -	655	44	22
Medway (Chatham) - - - - -	311	20	10
Maidstone - - - - -	212	15	7
Isle of Thanet - - - - -	194	13	—
Sussex :			
Lewes - - - - -	283	19	9
Brighton - - - - -	467	32	16
Hastings - - - - -	334	23	11
Chichester - - - - -	258	18	9
Hampshire :			
Portsea - - - - -	515	35	17
Isle of Wight - - - - -	71	5	—
Southampton - - - - -	393	27	13
Winchester - - - - -	310	21	10
Berkshire :			
Reading - - - - -	473	32	16
Middlesex :			
Staines - - - - -	522	35	17
Edmonton - - - - -	369	25	12
Hendon - - - - -	217	15	7
Hertfordshire :			
Watford - - - - -	242	17	8
Buckinghamshire :			
Buckingham - - - - -	69	5	—
Oxfordshire :			
Oxford - - - - -	314	21	10
Banbury - - - - -	145	10	—
Northamptonshire :			
Northampton - - - - -	300	20	10
Peterborough - - - - -	261	18	9
Huntingdonshire :			
Bedfordshire :			
Bedford - - - - -	205	14	7
Luton - - - - -	258	18	9
Cambridgeshire :			
Cambridge - - - - -	78	26	13

Name of proposed Centre.	Beds.	Staff Nurses. 1 to 15 Beds.	Probationers. 1 to 2 Staff Nurses.
Essex :			
Chelmsford - - - - -	388	26	13
West Ham - - - - -	658	44	22
Romford - - - - -	211	15	7
Colchester - - - - -	275	19	9
Suffolk :			
Bury St. Edmunds - - - - -	247	17	8
Ipswich - - - - -	222	15	7
Norfolk :			
Great Yarmouth - - - - -	450	30	15
Norwich - - - - -	245	17	8
King's Lynn - - - - -	338	23	11
Wiltshire :			
Swindon - - - - -	199	14	—
Bradford-on-Avon - - - - -	312	21	10
Salisbury - - - - -	172	12	—
Dorsetshire :			
Wimborne - - - - -	100	7	—
Dorchester - - - - -	168	12	—
Devonshire :			
Exeter - - - - -	212	15	7
Newton Abbot - - - - -	218	13	6
Plymouth - - - - -	502	34	17
Stoke Damerel - - - - -	231	16	8
Barnstaple - - - - -	83	6	—
Cornwall :			
Launceston - - - - -	60	4	—
Truro - - - - -	335	23	11
Somersetshire :			
Taunton - - - - -	229	16	8
Yeovil - - - - -	127	9	—
Wells - - - - -	103	7	—
Bath - - - - -	199	14	7
WEST MIDLAND COUNTIES.			
Gloucestershire :			
Bristol - - - - -	557	38	19
Gloucester - - - - -	486	33	16
Herefordshire :			
Hereford - - - - -	139	10	—
Shropshire :			
Shrewsbury - - - - -	285	19	9
Staffordshire :			
Stafford - - - - -	150	10	—
Stoke-upon-Trent - - - - -	613	41	20
Burton-upon-Trent - - - - -	162	11	—
Lichfield - - - - -	93	7	—
Wolverhampton - - - - -	203	14	7
West Bromwich - - - - -	201	14	7
Dudley - - - - -	387	26	13
Worcestershire :			
Worcester - - - - -	478	32	16
Kings Norton - - - - -	253	17	8

Name of proposed Centre.	Beds.	Staff Nurses. 1 to 15 Beds.	Probationers. 1 to 2 Staff Nurses.
Warwickshire :			
Birmingham - - - - -	1,176	79	39
Aston - - - - -	566	38	19
Warwick - - - - -	479	32	16
NORTH MIDLAND COUNTIES.			
Leicestershire :			
Leicester - - - - -	390	26	13
Rutlandshire :			
Lincolnshire :			
Boston - - - - -	141	10	—
Lincoln - - - - -	202	14	7
Grimsby - - - - -	104	7	—
Nottinghamshire :			
Mansfield - - - - -	145	10	—
Nottingham - - - - -	681	46	23
Derbyshire :			
Derby - - - - -	359	24	12
Bakewell - - - - -	98	7	—
NORTH WESTERN COUNTIES.			
Cheshire :			
Stockport - - - - -	404	27	13
Chester - - - - -	360	24	12
Birkenhead - - - - -	348	24	12
Lancashire :			
Liverpool - - - - -	1,383	93	46
Toxteth Park - - - - -	806	54	27
West Derby - - - - -	1,461	98	49
Prescot - - - - -	213	15	7
Ormskirk - - - - -	106	8	—
Bolton - - - - -	627	42	21
Chorlton - - - - -	1,260	84	42
Salford - - - - -	753	51	25
Manchester - - - - -	1,149	77	38
Ashton-under-Lyne - - - - -	464	31	15
Rochdale - - - - -	546	37	18
Burnley - - - - -	403	27	13
Preston - - - - -	223	15	7
Lancaster - - - - -	57	4	—
Ulverston - - - - -	67	5	—
YORKSHIRE.			
West Riding :			
Huddersfield - - - - -	182	13	—
Halifax - - - - -	368	25	12
Bradford - - - - -	536	36	18
Leeds - - - - -	193	13	—
Leeds, S.W.I. - - - - -	590	40	20
Wakefield - - - - -	496	34	17
Doncaster - - - - -	223	15	7
Sheffield - - - - -	858	58	29
Goole - - - - -	100	7	—
Settle - - - - -	9	1*	—
East Riding :			
Kingston-upon-Hull - - - - -	511	35	17
York - - - - -	330	22	11
North Riding :			
Scarborough - - - - -	127	9	—
Middlesbrough - - - - -	278	19	9
Northallerton - - - - -	65	5	—

* In practice there should never be less than two nurses, one for day and one for night duty.

Name of proposed Centre.	Beds.	Staff Nurses. 1 to 15 Beds.	Probationers. 1 to 2 Staff Nurses.
NORTHERN COUNTIES.			
Durham :			
Darlington - - - - -	319	22	11
Hartlepool - - - - -	243	17	8
Auckland - - - - -	165	11	—
Durham - - - - -	252	17	8
Sunderland - - - - -	271	19	9
South Shields - - - - -	275	19	9
Gateshead - - - - -	268	18	9
Northumberland :			
Newcastle-on-Tyne - - - - -	298	20	10
Tynemouth - - - - -	158	11	—
Alnwick - - - - -	48	4	—
Berwick-upon-Tweed - - - - -	41	3	—
Bellingham - - - - -	7	1	—
Haltwhistle - - - - -	7	1	—
Cumberland :			
Alston-with-Garrigill - - - - -	2	2	—
Penrith - - - - -	18	2	—
Carlisle - - - - -	96	7	—
Whitehaven - - - - -	191	13	—
Westmoreland :			
Kendal - - - - -	16	2	—
MONMOUTH AND WALES.			
Monmouthshire :			
Monmouth - - - - -	111	8	—
Newport - - - - -	293	20	10
SOUTH WALES.			
Glamorganshire :			
Cardiff - - - - -	623	42	21
Swansea - - - - -	409	28	14
Carmarthenshire :			
Carmarthen - - - - -	71	5	—
Llandovery - - - - -	9	1	—
Pembrokeshire :			
Pembroke - - - - -	88	6	—
Cardiganshire :			
Cardigan - - - - -	6	2	—
Aberystwith - - - - -	20	2	—
Brecknockshire :			
Builth - - - - -	95	7	—
Radnorshire :			
NORTH WALES.			
Montgomeryshire :			
Newtown - - - - -	57	4	—
Llanfyllin - - - - -	21	2	—
Flintshire :			
Denbighshire			
St. Asaph - - - - -	105	7	—

Name of proposed Centre.	Beds.	Staff Nurses. 1 to 15 Beds.	Probationers. 1 to 2 Staff Nurses.
Merionethshire :			
Corwen - - - - -	14	1	—
Dolgelly - - - - -	9	1	—
Festiniog - - - - -	22	2	—
Carnarvonshire :			
Bangor - - - - -	75	5	—
Anglesey :			
* Holyhead - - - - -	36	3	

The figures given above show a proportion of two staff (trained) nurses to each probationer. The probationers should be either trained for two years only, and given their certificates as such, or be promoted to the rank of "assistant nurse" on passing an intermediate examination at the end of the second year of training. In the third year they should still take work under staff nurses, but in a more responsible position than in the first two years, and at the end of that year should pass a final examination. The "assistant nurses" would not quite fill up the estimated vacancies left by staff nurses at provincial "district hospitals" who have resigned after having served for their five years, and this would leave a small deficit. There would, however, be a considerable reduction in the number of staff nurses required under this scheme from that necessary at present. The staff nurses who leave might be given a good long holiday on half-pay on the agreement to join at its termination, a reserve of nurses formed by the central authority, of whom a certain proportion should be attached to each of the district hospitals to form an outdoor staff, (a) for temporary attendance upon the sick who were too ill to be removed from the local union infirmaries; (b) for filling up staff vacancies in the district hospitals of less than 200 beds, and therefore unable to train probationers for themselves; (c) for forming one or more special nursing centres for Wales.

The third year probationers will be slightly less in number than the number of vacancies which they should fill, and nurses from the metropolitan infirmaries, or from outside sources, or from those who have completed their period of service, will have to be engaged to fill the additional vacancies.

It has been shown, then, that under the present system few infirmaries are efficiently staffed; that the aggregation of patients into district hospitals, virtually a union of unions, will permit of their being properly nursed, and of supplying most of the vacancies which will necessarily occur from year to year. At the same

time it will be possible to apply modern methods of nursing. But there remain the practical considerations, first, as to the best manner of obtaining suitable nurses and probationers, and in the next place as to how sufficient inducement may be given to trained nurses to remain in the service for a period of five years or more.

As to obtaining probationers, the inducements of a service which should provide for old age are always great. The general hospitals, or many of them, pay half the premium for their nurses so long as they remain in their service. If the district hospitals paid half, or even a larger proportion, of these annuities, and the central board kept them alive in the interval between leaving one place and being placed elsewhere, it ought to do much to keep nurses in the service. Probationers, again, should be paid a salary from the moment of entering the training, the salary rising each year of service up to a good sum. Many of these people have parents depending in some measure upon them, and this consideration should be allowed for.

Again, probationers should be given two hours off duty every day, a day once a month, and three weeks at least in the year, and no exceptions should be made. Personal interest should be taken in them, and their general health should be well looked after.

In the general hospitals the probationers are given lectures, medals, regular and long hours off duty, salary from the commencement, separate bedrooms or cubicles, uniform and washing free.

The nurses get regular daily hours off duty, with monthly holidays, a good and increasing salary, payment of the whole or part of a pension during actual employment, and for some time later if satisfactory, and other similar advantages to those given to probationers.

Even with all these advantages, the general hospitals often find difficulty in getting suitable applicants for posts, and therefore Guardians must treat their nurses at least as well if they wish to secure satisfactory probationers.

* Example of the working of the scheme.

Hampshire (excluding Isle of Wight) present number of workhouse infirmaries, 25.

Number under the scheme, three.

Centres under the scheme at Winchester, Portsea, Southampton.

Structural Alterations required.

Winchester now has 107 beds; under the scheme it will have 310. Therefore, 203 beds will have to be provided. Portsea now has 349 beds. It will require 497, or an increase of 150 under the scheme.

Southampton.—Here a new infirmary is in progress of construction. Under the scheme it would require 404, or if South Stoneham be kept as now, 305 beds.

Three places would send their sick to centres outside the county, viz., Kingsclere and Hartley Wintney to Reading, and Fordingbridge to Salisbury.

Six places would be about or outside the maximum distance for road—that is, 15 miles.

Road ambulances would have to be kept at the three centres.

Nurses required under the scheme 83

Probationers under the scheme 40

Nurses required at present 93

Probationers now 13

Nurses will also be attached to the homes connected with the centres for temporary nursing at workhouses.

The general welfare of the trained nurses should likewise be considered. Their lives should be enlivened as much as possible. Their food should be good, sufficient, and well cooked and served. The nursing home should be well supplied with periodicals and books and a piano, and so on. The district hospitals will vary greatly in attractions, depending on those of the neighbourhood, and a rotation of nurses should be arranged for, so that a nurse need not leave the service because she has got tired of the place she is in. It should be sufficient for her to send in an application for a change of post (backed by the matron if her present position has not been held for a year) to the central board, to ensure her a change within a reasonable time. The old method of advertisement should vanish, with its enormous expenses to the *Guardians*, and its disappointments and long journeys to the candidates. One uniform set of conditions, one

uniform code of rules, should prevail throughout the whole system. Prizes to probationers, and bonuses to nurses for long or meritorious service, should be the rule.

The personal interest which the Workhouse Infirmary Nursing Association took in its nurses was one chief reason that enabled it to keep its nurses at work, for years in some cases, under the most adverse conditions.

It may be said that such suggestions as these tend to unduly pamper nurses. But the question is, how to get nurses at all, and it is a mistake to allow anything to interfere with this object. The prevention of prolonged illness is, undoubtedly, one of the great aims of the Poor Law nowadays, and the best that can be done for the bodily welfare of the patients, and, through the character of those with whom they come in contact, for their moral welfare, can hardly be purchased too dearly.

APPENDIX XI.

TOTAL number of Superintendent Nurses, Nurses, and Assistant Nurses whose appointments were sanctioned by the Local Government Board between 5th March and 5th July, 1902.

I. 486.

Total number of appointments as Assistant Nurses included in I.

II. 118.

Average Salary of Assistant Nurses included in II.

III. £. 22.

The following are the 12 cases of Highest Salary and Longest Service included in II.

IV. Salary.	Service.	How made up.
£.	Years.	
30	15	{ 2 Poor Law. 7 Hospital. 6 Private Nurse.
30—33	6 $\frac{1}{2}$	6 $\frac{1}{2}$ Poor Law.
32	5 $\frac{3}{4}$	5 $\frac{3}{4}$ Lunatic Asylum.
28	6	{ 5 Poor Law. 1 Hospital.
28—32	3 $\frac{1}{3}$	3 $\frac{1}{3}$ Poor Law.
28	3 $\frac{1}{2}$	3 $\frac{1}{2}$ Hospital.
30	2 $\frac{5}{12}$	{ 2 Lunatic Asylum. 5 $\frac{1}{12}$ Poor Law.
30—35	2 $\frac{11}{12}$	2 $\frac{11}{12}$ Hospital.
30	2 $\frac{1}{12}$	2 $\frac{1}{12}$ Poor Law.
28—31	2	2 Poor Law.
27	2 $\frac{1}{3}$	2 $\frac{1}{3}$ Poor Law.
26—41	4	{ 1 Hospital. 3 Private Nurse.

V. The following are the 12 cases of Lowest Salary with Longest Service included in II.

Salary.	Service.	How made up.
£.	Years.	
5	1 $\frac{1}{4}$	1 $\frac{1}{4}$ Poor Law.
10	1	1 Poor Law.
15	4 $\frac{1}{4}$	{ 3 Lunatic Asylum. 1 $\frac{1}{4}$ Poor Law.
15	5	5 Hospital (Ward Assis- tant).
18—26	7 $\frac{1}{4}$	7 $\frac{1}{4}$ Lunatic Asylum.
20	6 $\frac{1}{4}$	6 $\frac{1}{4}$ Poor Law.
21 $\frac{1}{2}$	7 $\frac{1}{2}$	7 $\frac{1}{2}$ Lunatic Asylum.
22	6	6 Hospital.
20—25	4	4 Lunatic Asylum.
20—25	3	3 District Nurse.
20	2	2 Lunatic Asylum.
15	--	Poor Law.

APPENDIX XII.

RETURN as to NURSING in MR. JENNER FUST'S DISTRICT.

(1).	Resident Medical Officer.	On 1st January 1902.				Period to which figures in Columns 8 to 16 relate.	Number of Probationers who completed their Training during Period named in Col. 7.	Remained in Service of the Guardians.	Obtained Poor Law Appointments elsewhere.	Returned to Poor Law Service after other Employment.	Obtained Posts in General Hospitals, &c.	Engaged as Queen's Nurses.	Engaged as Private and District Nurses.	Left to be Married.	Un-accounted for.
		Number of Patients.	Number of Superintendent Nurses and Assistant Superintendents.	Number of Charge Nurses and Probationers.	Number of Patients per Nurse.										
(1).	(2).	(3).	(4).	(5).	(6).	(7).	(8).	(9).	(10).	(11).	(12).	(13).	(14).	(15).	(16).
Blackburn	No	225	1	15	14	From 1892 to 1902	20	8	4	—	2	3	1	2	—
Bolton	Yes	506	1	34	14	1895 "	12	—	—	—	1	5	4	2	—
Burnley	Yes*	191	1	16	11	1895 "	17	3	10	—	2	—	—	2	—
Chorlton	Yes	780	3	71	11	1894 "	92	16	29	—	9	—	32	—	6
Liverpool	Yes	1,203	4	104	11	1867 "	354	11	52	(7 included in Cols. 9 & 10).	98	34	85	35	39†
Manchester	Yes	1,185	5	93	12	1897 "	90	22	14	—	16	—	25	3	7
Oldham	No	214	1	20	10	1892 "	32	6	5	—	—	8	12	1	—
Prescot	Yes	370	2	30	12	1898 "	11	5	—	1	3	—	1	—	1
Rochdale	Yes	369	2	20	17	1896 "	9	7	—	—	—	—	2	—	—
Salford (Hope Infirmary)	Yes	455	2	38	11	1892 "	103	1	21	1	17	—	54	3	6
Foxteth Park	Yes	743	2	39	18	1894 "	47	11	14	—	2	3	14	2	1
West Derby (Mill-road Infirmary).	Yes	520	5	63	8	1893 "	80	24	6	—	13	—	28	2	7
West Derby (Walton W. H.).	Yes	816	1	54	15	1898 "	24	11	4	—	1	—	—	7	1
TOTALS	—	7,577	30	597	12-13	—	891	125	159	14	164	53	258	59	68

* One just being appointed.

† Twelve of these are known to have given up nursing work. The remainder who left before 1880 have been lost sight of.

5 July 1902.

H. Jenner Fust, Jr.

APPENDIX XIII.

STATEMENT as to additional number of Nurses employed by the Army Nursing Service in consequence of the Boer War.

War Office,
Army Medical Department,
18, Victoria Street,
July 1902.

The additional nursing staff employed in the Army Nursing Service in consequence of the war may be taken to be 919 Sisters of the Army Nursing Service Reserve. There were, in addition, some 60 Oversea Colonial Nurses from Canada, Australia, &c., and an unknown number of South African colonists, employed by the Principal Medical Officer of the South African Field Force. The total (919) may be taken as representing almost entirely recruits from Great Britain.

(Signed) A. KEOGH, D.D.G.,
A. M. Services.

APPENDIX XIV.

CORRESPONDENCE as to number of Nurses employed by the Metropolitan Asylums Board in 1896 and 1901, and in consequence of the small-pox epidemic.

Metropolitan Asylums Board
(Corner of Carmelite Street),
Embankment,
London, E.C.,
8 July 1902.

Sir,

Referring to your letter of the 11th ultimo, I now have the pleasure to enclose a Return giving the information asked for in respect of the years 1896 and 1901. Probationers, such as those employed at Poor Law Infirmaries, are not employed by the managers, but the lowest of their three grades of nurses practically answers to this description.

The Secretary,
Departmental Committee on the
Nursing of the Sick Poor in Workhouses,
Local Government Board.

I am, Sir, your obedient servant,
T. DUNCOMBE MANN,
Clerk to the Board.

INSTITUTION.	Number of Nurses of all Grades employed during the Year 1896.	Matrons, Assistant Matrons, and Superintendent Nurses.
Fever Hospitals :		
Eastern - - - - -	208	3
North-Eastern - - - - -	187	5
North-Western - - - - -	133	3
Western - - - - -	189	2
South-Western - - - - -	122	3
Fountain - - - - -	161	3
South-Eastern - - - - -	173	2
Brook - - - - -	172	3
Northern - - - - -	145	4
Small-pox Hospitals :		
Gore Farm - - - - -	224	5
Hospital Ships - - - - -	65	3
South Wharf - - - - -	8	2
South-Eastern Ambulance Station - - - - -	4	-
Training Ship "Exmouth" - - - - -	5	1
TOTALS - - - - -	1,796	39

APPENDIX XIV.—*continued.*

INSTITUTION.	Number of Nurses of all Grades employed during the Year 1901.	Matrons, Assistant Matrons, and Superintendent Nurses.
Fever Hospitals :		
Eastern - - - - -	152	6
North-Eastern - - - - -	200	4
North-Western - - - - -	174	4
Western - - - - -	218	5
South-Western - - - - -	126	4
Fountain - - - - -	157	5
Grove - - - - -	221	4
South-Eastern - - - - -	179	4
Park - - - - -	257	4
Brook - - - - -	206	5
Northern - - - - -	131	5
Small-pox Hospitals :		
Gore Farm - - - - -	216	5
Hospital Ships - - - - -	64	3
South Wharf - - - - -	14	2
Children's Institutions :		
Bridge School - - - - -	15	5
St. Anne's Home - - - - -	7	1
East Cliff House - - - - -	2	1
16, Elm Grove - - - - -	—	2
62-64, Kingwood Road - - - - -	—	2
TOTALS - - - - -	2,239	71

Metropolitan Asylums Board
(Corner of Carmelite Street),
Embankment,
London, E.C.,
24 July 1902.

Dear Sir,

In reply to your letter of the 23rd inst., I have to state Between the 1st of June 1901 and 28th of June 1902 (the dates you give) the number of nurses appointed for small-pox duty was at the

Hospital ships and Long Reach Hospital - - - - -	261
Gore Farm, Upper and Lower Hospitals - - - - -	231
	<u>492</u>

On the 1st of June 1901 the number of nurses employed for small-pox nursing was only 12 in all, so that the "drain on the Nursing Market" for the period mentioned was 480 nurses.

R. G. Duff, Esq.,
Local Government Board,
Whitehall.

Yours faithfully,
T. DUNCOMBE MANN,
Clerk to the Board.

APPENDIX XV.

CORRESPONDENCE indicating the Scheme of the Epidemiological Society for using the Workhouses as Training Schools for Nurses in 1854-6.

3, Bentinck Street, Manchester Square,
July 24th, 1854.

The Lord Courtenay, etc., etc., etc.

My Lord,—In compliance with the suggestion which your lordship was kind enough to make to me on the 22nd instant, I beg leave to submit the following brief statement of the views and the plan promulgated by the Committee of the Epidemiological Society for the purpose of securing nurses for the lower orders throughout the country.

Medical men are unanimous as to the importance of providing nurses in all cases of serious sickness, whether among the higher or the lower orders of society. The skilled nurse, better than anyone else, can provide for the due fulfilment of the directions given by the medical man, and by her care and kindness materially aids in restoring the patient to health. The want has been long felt among the higher classes, and has called for the foundation of training institutions for nurses. No provision exists in this country by which the labouring classes can be supplied with nurses in the time of epidemic and other sickness. In their case the want is even greater than among the wealthy, and the nurse may not only aid by promoting the recovery of the sick, but also by taking an inordinate burthen from off the shoulders of the healthy members of the family and allowing them to continue in their ordinary avocations. She would also aid in preventing the spread of disease, and thus directly and indirectly cause a pecuniary saving to the community. The Committee are of opinion that the institution of an efficient system of nurses throughout the country would be a moral as well as a material boon, which would in more ways than one benefit all classes of society while it would be an especial advantage to those by whose agency the remedy may be effected. The proposition of the Committee contemplates the employment of the existing machinery of the workhouses, because practically no other organisation seems to promise so uniform and general a solution of the problem.

The plan itself is that in the first instance the females resident in the workhouses whose strength and moral qualities may fit them for the duties, should be trained in the sick wards to act as nurses, and that they should be sent out upon the certificate of a medical man to persons requiring their aid. If these persons apply in *forma pauperis*, being already in the receipt of parish relief or their certificate being made out by the union medical officer, the expenses of the nurse would fall upon the parish; if, as the Committee hope, the scheme could be made available for the labouring classess not in the receipt of parish relief, the family of the sick person should pay a certain charge for the nurse, which I am inclined to think ought to go towards the formation of a fund from which the best behaved nurses should receive premiums. The Committee think that it will be necessary to separate the nursing inmates of the workhouses, whether intended for indoor or outdoor nursing, from the other inmates; and although an additional expense will be entailed at first, it is a fair inference, from all we know of the relation of sanitary laws and political economy, that eventually a pecuniary saving will accrue to the community by the introduction of some such system as the one suggested.

It contemplates a diminution and arrest of disease; this entails a higher average duration of life and a diminution of poor rates. Such results would beneficially influence the poorer classes generally, and the higher orders would be gainers in an almost equal measure.

The preceding statement, though differently worded,

is essentially the same as that contained in the statement of the Committee of the Epidemiological Society (of which I take the liberty to enclose a few copies); and it embodies the views I had the honour to express when the deputation of the Committee waited upon the Poor Law Board.

I sincerely trust that I have succeeded in placing the plan proposed by the Committee in the proper light. I beg to thank your lordship for your kind and considerate attention to the question, and have the honour to remain,

My lord, your lordship's very faithful servant,

EDWARD H. SIEVE KING.

Poor Law Board, Whitehall, S.W.
10th May, 1856.

Sir,—Adverting to the circular memorandum which the Board addressed to you in February, 1855, in reference to a proposal made by the Epidemiological Society for the training in workhouses of nurses for the poor and to your remarks upon it, I am directed by the Poor Law Board to inform you that their attention has been again directed to the subject, and that they think it desirable to communicate to you, for your guidance, the views which they now entertain respecting it.

The Board are of opinion that any attempt on their part to establish authoritatively in workhouses a general system of training for nurses would be alike impracticable and inexpedient, and they communicated this opinion to the Secretary to the Epidemiological Society in March, 1855. At the same time the Board think it not improbable that in large workhouses where a paid nurse is employed, it may sometimes be practicable to adopt a system under which such of the female inmates as may be trustworthy and competent for the work may be employed in the infirmary and sick wards, not only with the object of acting as assistants to the paid nurses, but also with the view of their being taught by them the duties of a nurse in such a manner as may subsequently enable them to support themselves by becoming nurses on their own independent account.

It is, of course, unnecessary for the Board to point out that this species of employment must, however, be subject to the qualification that no person should be employed in attendance on infectious cases without her free consent. If such a scheme were carried successfully into effect, it is thought that recourse would be frequently had to the workhouses where it was in operation, for nurses to attend the sick, and it is suggested that a register might be kept of the names and qualifications of those inmates who shall have been thus taught, and who are fit for such attendance.

The Board are accordingly desirous that some such plan should be suggested by you to any Board of Guardians within your district, in which the arrangements of the workhouse are or may be made such as to admit of its being carried into practical effect.

The Board further request that, in bringing the subject under the notice of any Board of Guardians, you will not fail to state the strong sense which they entertain of the evils resulting from the want of a sufficient number of trained and efficient nurses for the poor, and their confidence that the Guardians will be ready to concur in any plan by which consistently with a sound system of Poor Law administration and with the laws regulating the expenditure of the Poor Rate, their number may be increased.

I am, sir, your obedient servant,

(Signed) COURTENAY.

Poor Law Inspector.

(Secretary)

STATEMENT (A).

[illegible]

(For particulars, see Statement B.)

(a) were in the Poor Law service at the time of their appointment 65

(b) though not included in Class (a) had received training in Poor Law service	-	-	-	-	-	12
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(c) had received no training in Poor Law Service	-	-	-	-	-	-	-	-	8
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TOTAL number of Superintendent Nurses appointed for the year ended 31st December 1901	85
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STATEMENT as to cases in which Article 3(3) of the Nursing Order of 6th August 1897 has been dispensed with as regards the qualification of Superintendent Nurses appointed during the Year 1901.

UNION OR PARISH.	In Guardians' Service at time of Appointment?	Guardians' Reasons for appointing an Unqualified Officer.	REMARKS.
Kingston-on-Hull - -	Yes	Considered competent.	
Martley - - -	"	" " - - -	This is a very small country workhouse. "Inspector."
Southampton - - -	"	Guardians would have a difficulty in obtaining a trained nurse, as this appointment was only made till the new infirmary opened.	
Hartley Wintney - -	No	No reasons given.	
Bridgwater - - -	"	Considered competent - -	A working superintendent nurse is required here, and she seems well qualified. "Inspector."
Atcham - - - -	"	No reasons given.	
Walsingham - - -	"	Difficulty in obtaining qualified person, workhouse being away from the town.	
Wigan - - - -	Yes	No accommodation for a new superintendent nurse.	
Barton-on-Irwell - -	"	Considered competent.	
Greenwich - - - -	No	No reasons given.	
St. Thomas - - -	Yes	Considered competent.	
Abingdon - - - -	"	" "	
Carlisle - - - -	No	No reasons given.	
Pontypridd - - -	"	" " "	

STATEMENT as to NURSES appointed during the months of March, April, and May 1902.

(a) were in the Poor Law service at the time of their appointment - - - - - 204

(3) though not included in Class (a) had received training in Poor Law service	-	-	-	68
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[illegible]

TOTAL number of Nurses appointed for the months of March, April, and May 1902	353
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APPENDIX XVII.

TRAINED NURSE MATRONS IN MR. J. S. DAVY'S DISTRICT.

There are at present in this district 47 matrons. Of these, 26 are trained nurses, 17 of them in workhouses where there is no superintendent nurse, and 9 of them in workhouses where a superintendent is employed; 21 are not trained nurses, of whom 15 are in workhouses where there is a superintendent nurse and 6 are in workhouses where there is no superintendent nurse.

In two cases the matron, though not a properly trained nurse, is experienced in nursing, and is a competent midwife.

In two cases the matron acts as superintendent nurse. These are included in the first heading of 17.

It is not my practice to interfere, except in extreme cases, with the election of any officer by a Board of Guardians, but for many years I have informally suggested to Guardians that in appointing matrons they should give the preference to those who are trained nurses. I have every reason to be satisfied with the result of this advice.

APPENDIX XVIII.

LETTER and Return as to Training of Probationers handed in by the Keighley Guardians.

KEIGHLEY UNION.

Keighley,
27th February, 1902.

NURSING IN WORKHOUSES.

Sir,—The Guardians of this union desire to urge on the Departmental Committee on Nursing in Workhouses the proposal that in the qualification of a superintendent nurse it should not be required that she should have been trained in an institution where there is a resident medical officer, or where there is any specified number of beds.

The reasons for the proposal are as follow:—

The Guardians of this union in January, 1900, prepared a return of the number of probationer nurses then being trained in England and Wales, founded on information obtained in reply to a circular sent to all Boards of Guardians, copies of which return are enclosed. According to this return there were then 44 Boards of Guardians having resident medical officers at their infirmaries, and all but three of them were training probationers. This appears to indicate that if there is to be any material increase in the number of Poor Law nurses they must be trained at infirmaries where there is no resident medical officer.

According to the return there are about 60 unions training probationers without a resident medical officer out of a total of 585 unions without such an officer. It is suggested that such of these unions as are in a position to train probationers should be encouraged by the Local Government Board to do so, but, on the contrary, they are handicapped by the provision in the Nursing Order of 1897 that superintendent nurses shall have been trained where there is a resident medical officer. It is not likely that a young woman of ability who has determined to become a nurse as a means of permanent livelihood will accept a training that will practically shut her out from the highest post in her profession. On several occasions probationers intending to be trained in this infirmary have declined on being informed of the provisions of the Nursing Order and that there is no resident medical officer.

On 5th July, 1898, the Guardians wrote to the Local Government Board complaining of the prejudicial effect of the Nursing Order in this respect, and explaining the number of beds at this infirmary, the nurses employed, and the mode of training probationers, and the Board, in their reply, dated 21st July, 1898, No. 86,055, 1898, B., declined to make any alteration in the Order, and stated that the Board fully appreciated the arrangements which had been made for nursing and training probationers in the infirmary of this union, and that they would be prepared to exercise their power of dispensing with the requirement as to training under a resident medical officer wherever the circumstances were such as in their opinion to justify the adoption of that course.

The above power of dispensation, however, does not meet the case, and nurses trained at such infirmaries as ours would not be likely to derive any advantage from it, as the advertisements for superintendent nurses require them to have been trained in an infirmary where there is a resident medical officer, and Guardians making the appointment would not be likely to select a candidate whose approval by the Local Government Board would be doubtful.

One of the best superintendent nurses that has been employed in our infirmary was a nurse not trained under a resident medical officer.

There are 100 beds in the infirmary of this union, with a superintendent nurse, three other certificated nurses, six probationers receiving training, an assistant female nurse, and a male attendant. It is found that the experience and instruction afforded in our infirmary is sufficient to turn out good and well-qualified nurses, and we know by experience they are as good as the certificated nurses we get who have been trained under resident medical officers.

Probationers have been trained in this union infirmary for the past nine years. Dr. Dolan, who has been for many years the medical officer of the Halifax Infirmary, has examined probationers trained in this union infirmary in the middle and at the end of their training. His report has been most favourable, and he has expressed his opinion that this infirmary is sufficiently large to give nurses a satisfactory training.

It should not be difficult to prescribe for superintendent nurses a qualification which would be more efficient than the existing one, and which would not have such unfortunate results.

The Guardians of this union would welcome any satisfactory system of examining and certifying workhouse probationer nurses, and with this object they have participated in the formation of the Yorkshire Nursing Board.

With respect to the relations between superintendent nurses and masters and matrons of workhouses, the Guardians of this union are happy to say that the Local Government Board about two years ago sanctioned the appointment of our superintendent nurse as matron of the infirmary, so that the matron of the workhouse has no power to interfere at the infirmary. Previous to that time there was almost always friction between the superintendent nurse and matron of the workhouse.

I am, Sir,

Your obedient Servant,
(Signed) GEORGE E. SPENCER,
Clerk.

The Secretary, Departmental Committee on
Nursing in Workhouses.

KEIGHLEY UNION.

January, 1900.

PROBATIONER NURSES.

Return of the number of probationer nurses being trained in the infirmaries of unions (including parishes having separate Boards of Guardians) in England and Wales:—

	Number of Unions.	Number of Pro- bationers.
Unions with a resident medical officer and training probationers - - - - -	41	1,117
Unions with a resident medical officer and not training probationers - - - - -	3	—
Unions without a resident medical officer and training probationers - - - - -	60	316
Unions without a resident medical officer and not training probationers - - - - -	525	—
Unions from which a sufficiently definite return was not received, and which are not included in the above. They comprise Camberwell, Paddington, Westminster, St. George-in-the-East, Bethnal Green, St. Olave's, Wandsworth, Birkenhead, Cardigan, and certain small unions -	17	—
Total - - -	646	1,433

APPENDIX XIX.

MEMORANDA AS TO WORKHOUSE NURSING, BY LOUISA TWINING.

60, Lansdowne Road, W., March 3rd, 1902.

Sir,—It has been suggested that, as I was not able to attend to give evidence to the Committee of the Local Government Board, I might make some remarks in writing, as memoranda, concerning some desirable reforms and changes.

I do this somewhat unwillingly, because I think all must be tired of my remarks and suggestions, made during nearly the last 50 years, but, nevertheless, I send this, for whatever it may be worth.

It is probably well known that my attention was first directed to the condition of workhouses by visiting some inmates of the Strand Union, then in Cleveland Street, in 1853. From that time I have not ceased to bear the subject in mind, and have pressed it on every opportunity, both to the authorities of the Poor Law Board (as it then was), and on all other occasions.

In 1866 I wrote "a letter to the President," published as a pamphlet; in 1887 this was followed by another, and I may say that nearly all the matters I then named are still as desirable, in my opinion, as then. I will briefly state some of them, though, of course, the grand improvement in electing women as Guardians (urged by me at the Parliamentary Committee in 1861) has for the last 27 years effected an enormous amount of good and improvement.

What I still urge are the following points:—

(1) A far larger number of women inspectors for all the country workhouses, who should be trained nurses; for gentlemen without medical training to examine into the state of the sick in infirmaries, is preposterous and unreasonable.

(2) The separation of the infirmaries from the workhouse, and to be under the control of a head nurse and the medical officer, though the supplies, etc., might still be from it, but no interference by the master and matron. What class of persons would ever consent to work under those who had no knowledge of their trade?

(3) Where the number of patients is too small, I would suggest that the buildings should be classified, one in a central position being chosen for the sick, when trained nurses would be no difficulty. Many are now half empty.

I do not believe that the difficulties of removal would be insuperable in these days of easy locomotion. Other workhouses would be used for other classes, with the supervision of suitable officers.

(4) I would like to see the appointment of a superior class of masters and matrons, or at least of the latter. The work is as difficult as in prisons, and needs men and women of education and a higher standard.

(5) In all the larger and separated infirmaries the position of the matrons (who are now trained and educated women) should be made equal to that of matrons in

hospitals, with entire control over the nurses, and not, as at present, subject to the interference of the medical superintendent.

The present position is found to be intolerable by the matrons.

(6) I suppose my suggestion of a sub-department of Local Government Board for the consideration of nursing matters will be considered impracticable, but I cannot see why. Why should not two or three gentlemen and two ladies form this sub-committee, with time and knowledge to consider it? Women must be consulted where sickness and nursing are concerned, and why not here? I cannot see why they should not invite women to become Poor Law nurses, giving them, of course, a free training for three years and sending them to any infirmary applying for them, binding them for a term of years' service.

The infirmaries at present train probationers free, retaining those they need for their own staff. Salaries would not be expected during that period; the prestige of belonging to a "State Department" would attract many, without bribe or payment. What would be the difficulty of selection of women by such a Standing Committee as I suggest? I believe numbers would apply, and thus hundreds of pounds would be saved in advertising by Boards, and they would gladly be saved the trouble.

(7) It is many years since, at a Poor Law conference, I urged the desirability of increasing the powers of the detention of inmates.

It is a monstrous abuse of "liberty of the subject" that men and women (and girls) should be free to come and go as they please, returning to commit grievous wrongs on the community, owing to defective mental or bodily conditions. When I was Guardian at Kensington one such woman came in nine times for illegitimate children, and men and women were known to go out together for immoral purposes, taking their children with them. No wonder there is an increase of the feeble-minded and defective class.

(8, and lastly) I would like to see the name "workhouse" changed to "poor house," as formerly, and the vagrants and "sturdy beggars" relegated to the tender mercies of the police.

I do not apologise for the length of these remarks, which are the result of long and varied experience, beginning with horror of the many abuses I witnessed, but now fearing a re-action in favour of too great leniency leading our poorer classes to rely on State aid rather than self-help for the future, and, in conclusion, I earnestly desire that no such inducements may be held out, and that the condition of the pauper classes may not, in any respect, be allowed to equal that of the independent working classes. I beg to remain, Sir, yours faithfully.

(Signed) LOUISA TWINING.

APPENDIX XX.

PAPER HANDED IN BY MR. GRINDLE ON THE METHOD OF SUPPLYING NURSES TO THE COLONIES.

There is no general Colonial Nursing Service. The service of each of the colonies is a separate service, and nurses, like other officers, are appointed by the Government of the colony in which they are to serve. When a vacancy occurs in a Crown colony, the Secretary of State selects a candidate and instructs the Governor to appoint her. In making a selection to fill a nursing appointment, the Secretary of State is usually guided by the advice of some outside authority competent to judge of the nurse's qualifications. Some years ago the matron of one of the large London hospitals used to be asked to recommend candidates. Since the Colonial Nursing Association was started the practice has been to ask them to nominate candidates. The Colonial Nursing Association is a private body. It is managed by an executive committee of ladies and gentlemen who are interested in the colonies. The Association keeps a register of candidates, and makes inquiries about applicants, and examines their qualifications. Nurses who apply for colonial appointments are, as a rule, referred to the secretary of the Association.

The Colonial Nursing Association is not always employed. Recently a large number of nurses have been sent out to the concentration camps. The selection of these nurses has been done principally by the Seamen's Hospital Society and by some ladies in Edinburgh, who are in touch with the nursing profession.

Nurses in Crown colonies are generally appointed for a probationary term in the first instance. If re-engaged they come on to the permanent staff of the colony, and

are eligible for pension under the rules of that colony. They are also engaged sometimes under an agreement for a definite term of years.

A nurse in a Crown colony holds her appointment on the same conditions as other officers. The procedure to be followed by a Colonial Governor when dispensing with the services of a Colonial officer in case of misbehaviour is strictly laid down in the Colonial regulations. The accused officer must be supplied with a written statement of the charges against him, and of any documentary evidence in support of them, and must be given an opportunity of submitting his explanation. If this is not satisfactory, the Governor investigates the case, with the assistance of his Executive Council, or of the head of the department, according to the importance of the post held by the officer. The head of the department would be the principal medical officer in the case of a nurse.

The accused officer can appear in person to defend himself. If the result of the investigation is unfavourable to the officer, a full report of the case, with all the evidence, etc., is sent home to the Secretary of State, who either confirms or reverses the decision of the Governor.

In the case of a nurse serving under an agreement, there might be a provision for the termination of the engagement otherwise than by the above procedure in the event of misbehaviour. But, of course, in such cases the nurse has in practice an appeal to the Secretary of State, although no express provision for it is made in the agreement.

APPENDIX XXI.

Short Extracts from Nurses' Letters on the Twelve Points referred to in Miss A. Lee's Evidence.

- 1.—“I have a plea to make to the Board, that is, about admitting tramps at all hours, which is not work for a nurse who attends the sick. Imagine admitting a tramp, and bathing her in all her filth, and then going to a sick patient or lying-in case.”—Nov. 20th, 1901.
- 2.—“I have only two weeks' holiday this year. It takes me one day to go home and one day to return again. The time is really too short, and the journey expensive. Three weeks is what we want.”—Feb., 1902.
- 3.—“I get up now at 5.45 a.m., when the rising bell rings, and am on duty till 8.30 p.m.; then have to go round at 9.30 to see that all is right. No one can help it (*i.e.*, the hours). The work has to be done.”—1900.
- 4.—“My duties are to go down to the workhouse morning and night, and give medicines to any of the men that require it. Then at 8 a.m. I attend to all the out-patients, such as the boys from the school and men from the house, who need poultices and wounds dressed. It is 9 a.m. before I can begin my work in the infirmary. First I have to wash all the helpless patients, and make their beds, etc., take all temperatures, change all poultices, fomentations, and dressings. Then to change all crib cases before dinner. Then see to all the dinners, served and weighed for each patient, and feed those who are unable to feed themselves. After dinner I have to go all round again, nearly the same as in the morning, and prepare everything for the times when the night nurse comes on duty. I have to attend on the casuals in the tramp ward. What a lot of men we have brought in insensible through drink during all hours of the night! We have now 86 patients, and only myself and the charge nurse to do everything for them.” Twelve months later: “Of course, now there are no staff nurses we are all left to our work, and to judge for ourselves the treatment of different cases, wounds, etc. At times we have very bad cases. I have had several cases of dysentery the last two months, which needed the greatest attention, and different foods made for them. Some of my patients got well, and I think three passed away. . . The work has been very hard of late. I have four wards to attend to, which are about 51 patients, and when on night duty I have seven wards to attend to, 97 patients, and sometimes from 10 to 20 crib cases. Six most helpless cases to wash.”—1900.
- 5.—“The matron is a very bad drunkard . . . and sad to say the master has to do his wife's duties as well as his own. You are left to do the best you can in all cases of emergency.”—1900.
- 6.—“All of us have tried our best to put up with every discomfort, as our 12 months was nearly expired, but it was impossible. Independent of the new appointments, the guardians have had 16 nurses in 18 months.”—1899.
- 7.—“The nurses come in the worse for drink. . . . Some of them were not fit to have charge of the poor things left to their care.”—1899.
- 8.—“There was a great amount of work, but that part I did not mind . . . and I thought it best to leave (being placed under an untrained nurse).”—Jan., 1902.
- 9.—“The only trouble is we sleep out.” “There is still the wet yard and sleeping out to put up with.” “The nurses' lodgings are 10 minutes off the house.”—1901.
- 10.—“They will not get anything to go on with. There is not even a syringe; common necessities one must have. There is neither medicine glass nor instrument in the place. You have to use dirty linen for dressings. I had only the poor imbeciles to do the work. There was the constant washing up to be done seven times a day, tramps to be waited on, kitchen to be kept clean, three wards to scrub, etc., and then also to have charge of a ward at night.”—1901.
- 11.—“The nurses' bedroom is small and narrow, and there are three and four nurses in it. There is no sitting-room, nowhere to write a letter.”—1902.
- 12.—“I am again on night duty, and have under my care 23 male patients and 24 female patients. Out of these six are what we call changing patients, and 12 I have to wash; four of these are certified lunatics, and two are at times completely mad, and yet I was refused a wardman to make up the fires, etc.”—1901.

APPENDIX XXII.

PAPERS handed in by Mr. Baldwyn Fleming.

1. Report as to the operation of the Farnham Order relieving the Master and Matron of the duty of visiting the Sick Wards.
2. Extracts from Memorandum of Miss Nightingale as to Workhouse Nursing.
3. Extracts from Report of Dr. Smith as to the Treatment of the Sick in Workhouses.

APPENDIX XXII. (1).

[Copy.]

FARNHAM UNION.

Farnham, Surrey,
20th January, 1902.

Dear Sir,—The question of the working of the Order of the Local Government Board of the 21st October, 1900, relative to the respective duties of the master, matron, and superintendent nurse, was referred to the House Committee of my Board to consider and report thereon in connection with the remarks made by you upon it in your annual report.

At the last meeting of my Board the House Committee presented their report, and after mentioning that at the time of the appointment of the superintendent nurse on the 2nd August, 1896, there were about 80 sick and infirm, and that now there are about 180 sick, infirm, and children under the care of the superintendent nurse and the staff, and after stating the effect of the Order of the Local Government Board, the Committee's report read as follows:—

"The regulations in these articles have now been in force over 12 months, and the Committee from their own observations and from the report of the medical officer, the master, and superintendent nurse, are pleased to report that the officers are able to carry on their duties harmoniously and with greater ease than before. The Board thought that you would be pleased at hearing the views of their House Committee as expressed in the above report, and which was unanimously adopted.

Yours truly,
(Signed) ERNEST CRUNDWELL.

Baldwyn Fleming, Esq.

APPENDIX XXII. (2).

EXTRACT.

REPORT of the Committee appointed to consider the requisite amount of space and other matters, in relation to workhouses and workhouse infirmaries.

Mem. by Miss Nightingale.

7th February, 1867.

Page 70.

III.—Relation of Hospital Management to Efficient Nursing.

In dealing with this question I may state at once that, to turn any number of trained nurses into any workhouse infirmary to act under the superintendence or instructions of any workhouse master, or workhouse matron, or medical officer, would be sheer waste of good money.

This is not matter of opinion, but of fact and experience.

The "original sin" of this part of the workhouse infirmary system, or no system, has been—

1. The nature of the authority.
2. The nature of the nursing material on which the authority has been exercised.

There has never been any express provision made for the care of the sick in workhouse. The reception of sick is, in them, an accident, an excrescence.

The law is perfectly right in limiting the comforts of able-bodied poor in workhouses to those required

simply for preserving life in health. There must be some check on the constant tendency of a certain class to descend into pauperism, and this necessity is more or less kept in view in the administration of all workhouses, everywhere, in all their parts.

But the very opposite conditions are required to cure the sick, and the very opposite is the object. By curing the sick you prevent pauperism, both for themselves and their families, and you don't cure the sick by the measures which repress pauperism. From the instant the poor man becomes sick he ceases, by the fact, from being the legitimate object of any such repressive measure. On the contrary, the best policy and economy (leaving motives of humanity out of the question) is to cure him as quickly as possible, so that he may return to his work, and cease to be a cause of expense to the rates.

This principle is so obvious a one that it is scarcely necessary to enunciate it, were it not that it must be prominently recognised, if we are to improve the administration, in order to make improvement possible in the nursing, of workhouse infirmaries.

The very best workhouse master and mistress would, from their very efficiency against the spread of pauperism, be the very worst to place over any efficient nursing staff.

[There is, besides, absolutely no more real connection between an infirmary and a workhouse than between an infirmary and a railway establishment.]

Indeed, the more efficient the master and mistress are in the workhouse, the less would they be fit to discharge the totally distinct duties of hospital administrators.

Place an efficient superintendent of nurses with her staff in charge of a workhouse infirmary, and the master or mistress would at once be brought in contact with a class of new duties, carefully performed, the very sight and knowledge of which would be a standing protest against all that he or she had ever been in the habit of doing for sick, and almost all that he or she would consider to be necessary for their care and comfort.

This, again, is no theory. It is simply the statement in a few words of experience already obtained. There would be, as there has been, a constant clashing of jurisdictions and authorities, constant differences of opinion as to what was and what was not necessary. The sick would suffer, and in the end either the master or the superintendent of nurses would have to resign or be dismissed.

Same report, page 71.

Of course, this objection has most force as applied to unions or parishes where there are numbers of sick people. In small country parishes, with a few sick beds, the difficulties are so small that they could be met by other arrangements. The question here discussed regards the metropolitan workhouse infirmaries, and those of other large unions, some of which contain a larger number of sick than are contained in any of the largest London hospitals.

Ibid. Experienced administrators will scarcely suppose that I mean to imply an independence and to ask for uncontrolled hospital authority for the nursing staff, in what I have said.

On the contrary—Vest the charge of financial matters and general supervision, and the whole administration of the infirmary in the Board or Committee, *i.e.*, in the officer, say a governor, who is responsible to that Board or Committee. Vest the whole responsibility for the nursing, the internal management, and the discipline of the nurses in the one female head of the nursing staff, whatever she is called.

APPENDIX XXII. (3).

REPORT on Existing Arrangements for the Treatment
of Sick Poor in Provincial Workhouses.

November, 1867.

Extract, page 11.

2. The officers in charge of the sick.

There are extremely few workhouse infirmaries which have a special master or matron, but those officers have the general supervision of the whole workhouse.

Both are presumed to visit the sick wards daily—the master to inquire into their general state, the state of the building, and the nursing arrangements on the men's side, whilst the matron specially supervises the women's side and inquires into the cleanliness, linen, food and supplies generally, the state of the patients,

and of the efficiency of the nursing. She is also practically regarded as the superintendent nurse, and in such workhouses as have no paid nurse she has the direct responsibility of nursing the patients.

Such duties are both numerous and onerous, and it is impossible that they can be very efficiently discharged if those officers have also the care of the administration of the whole workhouse. Even with the greatest fitness for the discharge of their duties they can have only a general supervision of the sick in any but the really small workhouses, and even in the latter, as the Guardians do not always appoint a porter or any other paid officer than the master, matron, and schoolmistress, their care of the sick must be nominal rather than real.

At the same time, their presence in maintaining order and their observation of the material wants of the wards and the building seems to me to be quite needful.

APPENDIX XXIII.

PAPERS handed in by Sir H. ROBINSON relating to Workhouse Nursing in Ireland.

- 1.—Circular Letter of 10th April, 1890.
- 2.—Circular Letter of 3rd July, 1893.
- 3.—Order of 11th September, 1897.
- 4.—Circular Letter of 12th January, 1899.
- 5.—Order July, 1901.
- 6.—Circular Letter of 26th July, 1901, and accompanying form of Report.
- 7.—Letter and list of queries in connection with the placing of a nurse's name upon the Register of the Local Government Board for Ireland.
- 8.—Form of Certificate of Registration of a Nurse issued by the Local Government Board for Ireland.

APPENDIX XXIII. (1)

HOSPITAL NURSES.

Local Government Board, Dublin,

10th April, 1890.

Sir,—The attention of the Local Government Board for Ireland has been drawn to the subject of the qualifications of nurses placed in charge of workhouse infirmaries and fever hospitals, and, as some cases have recently come under their notice in which untrained and inexperienced persons have been elected to these offices and at salaries which no qualified nurse would accept, the Local Government Board deem it necessary to address Boards of Guardians on the subject.

The conditions under which the sick poor are placed when suffering from severe illness in their own homes are so unfavourable to their recovery that every inducement ought to be held out to them to seek in the workhouse hospitals the daily medical supervision and treatment calculated to alleviate their sufferings and to hasten their restoration to health, while the speedy admission to a fever hospital of a patient suffering from illness of an infectious character is requisite for the protection of the community at large as affording the best means for preventing the spread of disease. The sick poor cannot be expected willingly to seek treatment in workhouse hospitals if they have not confidence in the qualifications and efficiency of the nurses in charge. In all acute diseases, but in an especial degree in continued and eruptive fevers which are all of an infectious type, the chances of recovery depend to a very great extent upon the nursing, and the duties entrusted to workhouse hospital nurses are of such a character that it is not to be expected that persons possessing neither training nor experience can perform them in a satisfactory manner; it should also be borne in mind that while incapable nurses are gradually acquiring some knowledge of their work the sick poor under their charge must pass through much unnecessary suffering. The highest skill and attention on the part of the medical officer may be neutralised by the ignorance and incapacity of the nurse charged with the duty of carrying out his instructions and of informing him of those important changes in the condition of patients which an unskilled nurse will fail to observe and appreciate.

The Local Government Board therefore hope that whenever vacancies for nurses occur Boards of Guardians will bear in mind the great importance of electing trained and experienced persons, and that they will offer such salaries as may induce qualified applicants to present themselves as candidates. The Local Government Board would express their earnest hope that this subject will receive the careful attention of Boards of Guardians.

I am, Sir, your obedient servant,
THOS. A. MOONEY, Secretary.

To the Clerk of each Union.

APPENDIX XXIII. (2).

Local Government Board, Dublin,

3rd July, 1893.

Sir,—In connection with the Circulars which the Local Government Board for Ireland have addressed to each sanitary authority on the subject of precautions against cholera the Board desire to draw the attention of Boards of Guardians to the assistance it may be in their power to give sanitary authorities in the event of this portion of the United Kingdom being visited by any formidable epidemic or infectious disease.

The Local Government Board have reason to believe

that if any dangerous infectious disease should visit Ireland and become epidemic, the number of trained nurses would be found inadequate to meet the demand for their services. In a few large cities and towns where there are communities of nursing sisters or other associations of trained nurses it is possible that a sufficient number might be available to meet an emergency, but the Local Government Board are satisfied that the supply of qualified nurses would fall far short of the applications for their services which would be likely to pour in from rural districts throughout the country.

Under these circumstances the Local Government Board think it well to suggest to Boards of Guardians that they might make use of the workhouse hospitals for the purpose of training nurses whose services would be available in the event of cholera or other formidable infectious disease appearing within the unions. It appears to the Local Government Board that the Guardians of each union might select a limited number of suitable persons willing to enter their service for training, and the Local Government Board feel assured that if Boards of Guardians appointed a few young women as probationary assistant nurses in the hospital and fever wards of each workhouse the medical officers in charge and the regularly appointed nurses would be found willing to afford them such practical instruction in the nursing and care of the sick as would in some degree qualify them to attend the sick poor in any epidemic which might arise. The Guardians are aware that under Article 24 of the General Regulations they are empowered to appoint temporary assistants, and the Local Government Board will be prepared to sanction any reasonable expenditure undertaken in order to carry into effect the suggestion contained in this Circular.

The Local Government Board avail themselves of this opportunity to point out that they have frequently found it necessary to remonstrate with Boards of Guardians in respect of the selection of untrained persons for the responsible post of hospital nurse. The course now recommended to the notice of Boards of Guardians, if adopted, would have the advantage of providing in each union a certain number of trained nurses who would probably become candidates for any vacancy which might arise amongst the permanent staff employed in each union hospital.

I am, Sir, your obedient servant,
THOS. A. MOONEY, Secretary.

To the Clerk of each Union.

APPENDIX XXIII. (3).

No. 78 M. (Workhouse Rules—Nursing of the Sick.)

97. 11th September, 1897.

To the Guardians of the Poor of the several Unions named in the Schedule hereunto annexed; and to all others whom it may concern:

Whereas, in exercise of the powers vested in them by the Statutes in that behalf, the Commissioners for administering the Laws for Relief of the Poor in Ireland, and the Local Government Board for Ireland did, by certain Orders under seal, makes rules and regulations for regulating the management of workhouses in Ireland, and the appointment, qualification, and duties of workhouse officers, including those charged with the nursing of the sick poor relieved in such workhouses;

And whereas it is expedient that further regulations in regard to such nursing should be made, as hereinafter set forth:

Now, therefore, in exercise of the powers vested in us,

we, the Local Government Board for Ireland, do hereby order, direct and declare that on, from, and after the 30th day of September, instant, the following regulations shall, except in so far as we may assent to a departure therefrom, be in force in the several unions named in the Schedule hereunto annexed :—

Article I.—In this Order the expression “Guardians” means the Board of Guardians of any union named in the said schedule, or the paid officers acting in execution of the duties of such Board of Guardians; the expression “workhouse” means the workhouse of any such union, and any fever hospital of such union under the control of the Guardians; the expressions “medical officer,” “master,” and “matron,” mean respectively the medical officer, master, and matron of the workhouse; and the expression “nurse of the workhouse” means the nurse appointed in pursuance of our General Order of the 28th day of June, 1895.

Article II.—(1.) Notwithstanding anything contained in any of the Orders above referred to, no pauper inmate of the workhouse shall be employed to perform the duties of nurse of the workhouse, or be otherwise employed in nursing any pauper in the workhouse who requires nursing.

(2.) No pauper inmate of the workhouse shall be employed as an attendant in the sick or lying-in wards of the workhouse, or upon any pauper in the workhouse who requires nursing, unless such inmate shall be approved by the medical officer for the purpose, and shall act under the immediate supervision of a paid officer of the Guardians.

Article III.—It shall be the duty of the nurse of the workhouse to superintend and control the other nurses, assistant nurses, and attendants in the workhouse in the performance of their duties, but such superintendence and control shall, in all matters of treatment of the sick, be subject to the directions of the medical officer, and in all other matters to the directions of the master or matron, so far as the Orders in force in the union and the lawful directions of the Guardians may require or permit.

Article IV.—If in an emergency it appears to the medical officer that the employment of a temporary nurse is required for the proper treatment of any case or cases in the workhouse, and he informs the master in writing accordingly, it shall be the duty of the master to engage a person to act as nurse until the next meeting of the Guardians, and the Guardians shall pay the reasonable remuneration of the person so engaged.

Sealed with our seal, this Eleventh day of September, in the year of our Lord One Thousand Eight Hundred and Ninety-seven.

(Signed),

G. W. BALFOUR.

GEORGE MORRIS.

F. MACCABE,

H. A. ROBINSON.

(L.S.)

ASHBOURNE, C.

GERALD FITZGIBBON.

We, the Lords Justices-General and General Governors of Ireland, do hereby approve this Order.

By command of Their Excellencies,
J. B. DOUGHERTY.

APPENDIX XXIII. (4).

WORKHOUSE HOSPITAL TRAINED NURSE.

Local Government Board,
Dublin, 12th January, 1899.

Sir,—The Local Government Board for Ireland desire to state that they have recently received communications from several Boards of Guardians inquiring the qualifications a workhouse hospital nurse should possess in order that the Guardians may be in a position to apply for recoupment out of the Local Taxation (Ireland) Account of one-half of the salary of such nurse.

The Local Government Board have to inform you that it is proposed, in due course, to prescribe the following qualifications as necessary in the case of any person claiming to be a “trained nurse” for the purposes of Section 58, sub-section 2 (a) (ii.) of the Local Government (Ireland) Act, 1898:—

“The term ‘trained nurse’ shall mean any person who has resided for not less than two years in a

clinical or other hospital recognised by the Local Government Board, and who, after examination, has obtained from such hospital a certificate of proficiency in nursing.”

The Board have to point out in connection with this matter that they will not be prepared to accept the certificate of the authorities and staff of any hospital, except a clinical hospital recognised by the medical examining bodies in Ireland, England, or Scotland, unless the non-clinical hospital has at least 150 beds for medical and surgical cases, and unless due provision is also made for giving the probationer nurses a course of training in the nursing of cases of infectious diseases. In addition, the hospital should have a staff of at least one resident and two visiting physicians and a trained head nurse. Such arrangements should likewise be made, including the giving of lectures and the holding of examinations, as shall satisfy the Local Government Board that sufficient opportunities are afforded to the persons undergoing instruction to become fully trained, experienced, and certificated nurses.

I am, Sir,

Your obedient Servant,

THOS. A. MOONEY, Secretary.

To the Clerk of each Union.

APPENDIX XXIII. (5).

Order Amending General Regulations. Nursing of the Sick, etc.

5th July, 1901.

To the Guardians of the Poor of the several Unions named in the schedule hereunto annexed, and the officers of such unions, and to all other whom it may concern.

Whereas, in pursuance of the authorities vested in us by the Poor Relief (Ireland) Acts and by the Local Government Board (Ireland) Act, 1872, We the Local Government Board for Ireland, by a General Order under our Seal, bearing date the 18th day of December, 1882 (hereinafter referred to as the Principal Order), did regulate the meetings and proceedings of the Boards of Guardians of the Poor and the appointment and duties of the officers of the several unions in Ireland:

And whereas, by a General Order under our seal, bearing date the 28th day of June, 1895 (hereinafter referred to as the Amending Order), we did revoke the regulations contained in Articles 24 and 39 of the Principal Order, and make further regulations in lieu thereof:

And whereas, by a General Order under our Seal, bearing date the 11th day of September, 1897 (hereinafter referred to as the Further Amending Order), we did vary the provisions as to nursing the sick in previous General Orders and make further regulations in such respect:

And whereas it is considered expedient, in pursuance of the authorities above quoted, and also of the Local Government (Ireland) Act, 1898, to amend the regulations contained in the Amending Order, and in the Further Amending Order, and to make the provisions hereinafter contained:

Now therefore, in exercise of the powers vested in us, we, the Local Government Board for Ireland, do hereby revoke the regulations contained in the Amending Order, and also in the Further Amending Order, and direct and order that in substitution therefor, and for Articles 24 and 39 of the Principal Order thereby and hereby revoked, the following regulations shall take effect, namely:—

Article 1. (a) Notwithstanding anything contained in any of the Orders above referred to no pauper inmate of the workhouse shall be employed to perform any of the duties of the nurse of the workhouse, as specified in the Amending Order, in the Further Amending Order, and in this Order, or be otherwise employed in nursing any pauper in the workhouse who requires nursing.

(b) No pauper inmate of the workhouse shall be employed as an attendant or wardmaid in the sick, lying-in, or infant wards of the workhouse, unless the employment of such inmate be approved of by the medical officer, and, unless such inmate shall act under the supervision of a paid officer employed in any such ward.

Article 2.—(a) In this Order the term “Trained Nurse” shall mean any person who has resided for not less than two years in a general clinical or other hospital recog-

nised by us, and who, after examination, has obtained from such hospital a certificate of proficiency in nursing.

(b) The term "Qualified Nurse" shall mean any person who, after examination, has obtained a certificate of proficiency in nursing from any

- (1) Public general hospital; or
- (2) Workhouse infirmary and fever hospital; or
- (3) Nursing institution;

that may be recognised by us as an efficient school for medical and surgical nurses.

(c) The qualifications of a "wardsmaid" or "attendant" in a workhouse infirmary or fever hospital shall be that such person shall be of at least 21 years of age, unless in any special case a less age be approved of by us, and shall be of good health and character.

(d) Other expressions in this Order shall have the same meaning as the like expressions have in the Principal Order.

Article 3.—For the purposes of Section 58, Sub-section 2, a. ii. of the Local Government (Ireland) Act, 1898, a trained nurse shall have the qualifications set forth in Article 2 (a) hereof.

Article 4.—(a) The Board of Guardians shall, as soon as may be requisite, and from time to time hereafter upon the occurrence of any vacancy, appoint, subject to our approval, fit persons to perform respectively the duties specified by our rules and regulations in force at the time to be the duties of the following officers:—

1. Clerk to the Guardians.
2. Medical officer of the workhouse.
3. Master of the workhouse.
4. Nurse of the workhouse.
5. Matron of the workhouse.
6. Schoolmaster of the workhouse.
7. Schoolmistress of the workhouse.
8. Porter of the workhouse.

Provided that where exceptional circumstances render such a course expedient, the Board of Guardians may, with the approval of the Local Government Board, appoint the same person to perform the duties of more than one of the following offices, namely:—The clerk to the guardians, and the master, nurse, matron, schoolmaster, schoolmistress, and porter of the workhouse.

(c) The following shall be the duties of the nurse of the workhouse:—

1. To bring under the special notice of the medical officer every patient as soon as possible after admission into the sick wards.

2. To be responsible for the good nursing of the sick and for the satisfactory discharge of the duties of the nursing staff, and for the carrying out of the directions of the medical officer with respect to all medicines and medical appliances.

3. To inform the medical officer without any avoidable delay of any defects that may be observed in connection with the arrangements for the care and the nursing of the sick, including their clothing and diet.

4. To send a notification in writing to the master of the workhouse whenever the condition of any patient demands that the medical officer, the chaplain, or the relatives of such patient should be sent for or communicated with.

5. To see that everything connected with the patients, and the wards is kept clean and in proper condition; and also to take care that all wards are duly ventilated, warmed, and lighted.

6. To see that the food is properly distributed to the patients, and to arrange that each patient receives the special treatment ordered by the medical officer, and generally to carry out all reasonable directions of the medical officer, to whom and to the Board of Guardians only (notwithstanding anything contained in the other General Order) she shall be subordinate, save as regards the general disciplinary control of the master of the workhouse.

7. In the absence of the medical officer to exercise general supervision and control over the nurses, wardsmaids, and attendants, and to maintain proper order and discipline in the sick wards in her charge.

(d) The Board of Guardians shall, subject to our approval in each case, appoint such and so many "Qualified Nurses" to assist the "Nurse of the Workhouse" in the performance of her duties as above mentioned, and generally in the nursing and care of the sick in the workhouse, and also such and so many "wardsmaids" and "attendants" for the discharge of menial duties in the infirmary or hospital, as we shall from time to time think necessary.

(e) In any case in which under Article 4 (d) the appointment of a nurse, wardsmaid, or attendant is required temporarily, owing to an increase in the number of patients or for any other reason, the Board of Guardians shall, subject to our approval, stipulate (notwithstanding the provisions of Article 5 hereof as to continuance in office) that any persons whose services are so required temporarily shall hold office for such term and at such remuneration as shall be directed or approved of by us.

(f) If in any emergency it appears to the medical officer that the employment of one or more temporary nurses or wardsmaids or attendants is requisite for the proper treatment of any patient or patients in the union infirmary or fever hospital, and if he informs the master of the workhouse in writing accordingly, it shall be the duty of the master to engage a fit person or persons to act as such until the next meeting of the Guardians, and the Guardians shall pay to any person so engaged such remuneration and expenses as we may approve or direct. When communicating with the master, the medical officer shall at the same time report fully in writing the facts of the case to the Guardians and also to us.

(g) The Board of Guardians shall appoint such and so many assistants as they, with our consent and approval, shall deem necessary for the efficient performance of the duties of the said several officers other than the nurse of the workhouse, as hereinbefore provided for.

Article 5.—The officers mentioned in Article 4 (a) and Article 4 (h) hereof and also any "Trained Nurse," or "Qualified Nurse," or "Wardsmaid," or "Attendant" appointed heretofore or hereunder, shall, subject to the provisions of the said Article 4, of Article 40 of the principal Order, and Article 6 of this Order, continue to hold their offices respectively until they respectively die or resign, or be removed by us; and every assistant and paid attendant other than those employed in the workhouse infirmary and hospital, may be dismissed by the Board of Guardians without our consent, and every such death, resignation, or dismissal, and the reason of such dismissal, shall be reported to us.

Article 6.—The Board of Guardians may, subject to our approval, declare any office to be abolished, within the meaning of Section 2 (a) of the Union Officers (Ireland) Act, 1886.

Article 7.—In the case of the appointment of any person in pursuance of Article 4 (d) and Article 4 (e) of this Order, we may dispense with the provisions of Article 28 of the Principal Order, and the said provisions shall thereupon not apply to such appointment.

Article 8.—This Order shall be construed as one with the Principal Order as amended by the Amending Order and the Further Amending Order.

Sealed with our Seal, this Fifth day of July, in the year of our Lord One Thousand Nine Hundred and One.

GEORGE WYNDHAM.
H. A. ROBINSON.
WM. L. MICKS.
T. J. STAFFORD.
R. BAGWELL.

CADOGAN.

We George Henry, Earl Cadogan, Lord Lieutenant-General and General Governor of Ireland, do hereby approve this Order.

By command of His Excellency,

D. HARREL.

APPENDIX XXIII. (6).

Local Government Board, Dublin,
26th July, 1901.

Sir,—I am directed by the Local Government Board for Ireland to transmit to you, for the information of the Board of Guardians, a copy of a General Order made by them on the 5th instant, which chiefly deals with the appointment of union officers and the nursing of the sick in union infirmaries and hospitals.

In Article 1 (a) the prohibition of pauper nursing made in the Order of 1897 is re-issued with some verbal alterations; and in paragraph (b) of the same Article it is required that no pauper shall be employed as an attendant in the sick, lying-in, or infant wards of the workhouse without the approval of the medical officer and unless such pauper act under the supervision of a paid officer employed in such ward.

Articles 2 and 3 prescribe the qualifications for "trained nurses," qualified nurses, and wardsmasids or attendants. The qualifications for a trained nurse are those already indicated to Boards of Guardians in the circular letter of the 12th of January, 1899; and it will be observed that a course of training for at least two years in a clinical or other hospital of recognised importance is requisite. For a "qualified," that is any other professional, nurse, the qualifications are as comprehensive as possible, but, according as the instruction of nurses becomes more systematic and thorough, the Board would be prepared to raise the qualifications for the office of nurse.

In Article 4 (a) is a list of the principal officers to be appointed by the Guardians, and provision is also made that in exceptional circumstances the duties of more than one of the officers named may be discharged by the same person. In some small workhouses the Guardians might consider whether the offices of nurse of the workhouse and matron of the workhouse might not with advantage be amalgamated.

In paragraph (b) of the same Article are contained regulations as to the appointment of a treasurer to a union. In many instances Guardians have recently expressed a wish to be enabled to change their treasurer, but the Board are advised that effect could not be given to this desire except on the occurrence of a vacancy. Existing treasurers, it is considered, are union officers subject to the provisions of Article 39 of the General Order of the 18th of December, 1882, according to which their tenure of office could not be terminated without their consent, except by removal from office by the Board—a power that obviously could not be exercised arbitrarily.

In Article 4 (c) the duties of the nurse of the workhouse are defined, and the Board have to call attention to the important change now made whereby the nurse and the nursing staff are no longer under the control or supervision of the matron or of any other officer except the medical officer and (for general disciplinary control only) the master of the workhouse. This change is made because, on the introduction of trained or qualified nurses, it has become most undesirable that even a nominal control over the sick wards should be in the hands of persons without training or qualifications in the management of an infirmary or hospital. The management of the sick wards under the Guardians will accordingly be in the hands of the medical officer, to whom the Guardians should look for the satisfactory condition of their infirmary and hospital. The medical officer should not regard himself merely as an adviser in the case of the sick in his charge, but as an officer of the Guardians, exercising for them, as regards the sick wards, such control as the medical staff of a general

public hospital exercise under its governing body—the medical officer of a workhouse being, it is hardly necessary to state, subject to the control of the Guardians and the Local Government Board. In the absence of the medical officer, the nurse of the workhouse would exercise general supervision and control over the sick and over the nursing and menial staff.

It is to be borne in mind that at present the nurse of the workhouse has not in every case been duly instructed in the duties of a nurse, but this is an anomaly that it is hoped will rapidly disappear as the old untrained nurses cease to hold office.

In Article 4, paragraphs (d), (e) and (f), provision is made for the appointment of nurses for nursing duties and of wardsmasids or attendants for menial duties (1) permanently, (2) temporarily, or (3) in an emergency as occasion may require. In the first of these paragraphs the Order directs that the Guardians shall appoint such qualified nurses and wardsmasids or attendants as the Board shall from time to time think necessary; and in paragraph (e) provision is similarly made for the temporary employment of nurses and wardsmasids or attendants by the Guardians. In paragraph (f) power is given to the medical officer in an emergency to engage until the next meeting of the Guardians one or more temporary nurses or wardsmasids or attendants.

Subject to the foregoing provisions as to the appointment of the nursing and menial staff for the sick wards, the power remains with the Guardians under paragraph (g) of Article 4 of appointing assistants to the other union officers; and the regulations as to relieving officers and relief districts continue unchanged under paragraph (h) of Article 4.

By Article 5 the permanent nurses and wardsmasids or attendants are given the same tenure of office as the officers mentioned in Article 4 (a) of the Order, while the assistants and attendants other than those employed in the infirmary and hospital may be dismissed by the Guardians without the consent of the Board.

Article 6 is only a re-issue of a provision in a former Order; and Article 7 enables appointments to the nursing staff to be made by the Guardians without advertisements, subject to the approval or direction of the Board, but this is a power that the Board would very rarely desire that the Guardians should exercise. The concluding Article is formal, and is inserted for the purposes of interpretation.

The object of the Board in issuing this Order is mainly for the purpose of enabling most desirable and necessary improvements to be made in the nursing staffs of workhouse infirmaries and hospitals; and the Local Government Board hope that each Board of Guardians will take this opportunity of very carefully considering, in consultation with their medical officer, the arrangements for the treatment, nursing and attendance in the sick, lying-in, and infant wards of their workhouse. The Board suggest that the Guardians should ask their medical officer to furnish them with a report on the subject, and that they should thereafter fix a day for the consideration of his report.

The Board would also be obliged if the Guardians would cause them to be furnished with the information indicated in the accompanying form of return and report, to be filled by the medical officer who could get any facts or figures he may require for the purpose from the clerk of the union or the master of the workhouse.

I am,

Your obedient servant,

H. M. SWAINE, Secretary.

To the Clerk of each Union.

APPENDIX XXIII. (6)--*continued.*

POOR LAW UNION INFIRMARY OF

RETURN

AS TO

I.—EXTENT OF ACCOMMODATION AND NUMBER OF PATIENTS.

WARDS.	Number of possible Beds.	Number of Patients on the 5th of January 1901.	Medical Officer's Observations when the Classification here given does not exist in the Infirmary. [In no case should the same Patient be included in more classes than one.]
Male Surgical - - -			
Male Medical - - -			
Female Surgical - - -			
Female Medical - - -			
Midwifery - - - -			
Male Consumption - -			
Female Consumption - -			
Male Lunatics - - -			
Female Lunatics - - -			
Infants - - - - -			
Totals - - -			

II.—MEDICAL, NURSING, AND MENIAL STAFF.

OFFICE.	Number of Officials.	OFFICE.	Number of Officials.
Visiting Medical Officers - - -		Brought forward - - -	
Resident Medical Officers - - -		Male "Trained" or Qualified Nurses -	
Visiting Compounders - - -		Uncertified Nurses - - - -	
Resident Compounders - - -		Wardmaids (Paid) - - - -	
Members of a Religious Nursing Com- munity.		Wardsmen (Paid) - - - -	
"Trained Nurses" Sec. 58 (2) (a) (ii.) of the Local Government (Ire- land) Act, 1898.		Pauper Inmate Wardmaids - -	
Qualified Nurses other than Nuns and "Trained Nurses."		Pauper Inmate Wardsmen - -	
Total - - -		Gross Total - - -	

NAMES of the Infirmary Nurses and Full Details as to their Qualifications.

APPENDIX XXIII. (6)--*continued.*

POOR LAW UNION FEVER HOSPITAL OF

RETURN

AS TO

I.—EXTENT OF ACCOMMODATION AND NUMBER OF PATIENTS.

Male Wards.—Number of Possible Beds	-	-	Number of Patients on the 5th of January 1901	-
Female Wards.	ditto	-	ditto	-
		-		-
Total	-	-	Total	-

II.—MEDICAL, NURSING, AND MENIAL STAFF.

OFFICE.	Number of Officials.	OFFICE.	Number of Officials.
Visiting Medical Officers (If any distinct from Infirmary Medical Staff).		Brought forward	- - -
Resident Medical Officers (If any distinct from Infirmary Medical Staff).		Male "Trained" or Qualified Nurses	-
Visiting Compounders (If any distinct from Infirmary Staff).		Uncertified Nurses	- - - -
Resident Compounders (If any distinct from Infirmary Staff).		Wardsmen (Paid)	- - - -
Members of a Religious Nursing Community.		Wardsmen (Paid)	- - - -
"Trained Nurses" Sec. 58 (2) (a) (ii.) of the Local Government (Ireland) Act, 1898.		Pauper Inmate Wardsmen	- - -
Qualified Nurses other than Nuns and "Trained Nurses."		Pauper Inmate Wardsmen	- - -
Total	- - -	Gross Total	- - -

NAMES of the Fever Hospital Nurses and Full Details as to their Qualifications.

REPORT of Medical Officer.

In this report, which the medical officer should sign and date, he should state his opinion as to the sufficiency of the nursing staff and servants for the infirmary, fever hospital, and infant wards, and mention what the arrangements in detail are for both day and night nursing. He should also report whether any, and, if so, to what extent, nursing duties are discharged by persons of the servant class (such as wardsmen or male attendants) or by pauper inmates. The duties discharged by servants and inmates should be set out in full detail. The report should also state what temporary nurses and servants were engaged during the previous 12 months and for what periods approximately.]

APPENDIX XXIII. (7).

No. : 190

Local Government Board,
Dublin, _____ 190

Madam,

I am directed by the Local Government Board for Ireland to forward to you, herewith, a list of queries and a form of application to have your name placed on the Board's Register for Trained Nurses for the purposes of Section 58 (2) (a) (ii.) of the Local Government (Ireland) Act, 1898. You will be so good as to fill up and forward the forms in question to this Department with as little delay as possible, together with the documents referred to therein, including a testimonial of recent date from a Clergyman.

To

APPLICATION OF TRAINED MEDICAL AND SURGICAL NURSE FOR EMPLOYMENT IN A UNION WORKHOUSE.

QUERIES.

1. Christian name and surname of applicant - -
2. Address of applicant - - - -
3. Hospital in which trained - - - -
4. Period of Training :-
 Date of commencement - - - -
 " " termination - - - -
 (The original certificate or certificates must be forwarded with this application.)
5. Whether qualified to nurse cases of Infectious Diseases, and where trained for such cases - -
 (Original Certificate to be forwarded, if any.)
6. Whether possessed of a Midwife's qualifications, and, if so, from what examining body obtained -
 (Original Certificate to be forwarded, if any.)

REPLIES.

Testimonials and evidences of character, including a letter from a Clergyman, should be forwarded along with this document duly filled up.

Signature of Applicant.

Date _____

(SPECIMEN.)

LOCAL GOVERNMENT BOARD FOR IRELAND.

THIS IS TO CERTIFY

That _____ is registered by the Local Government Board for Ireland as a Trained Nurse pursuant to Section 58 (2 a ii.) of the Local Government (Ireland) Act, 1898.

Dated this _____ day of _____ 1

Secretary.

APPENDIX XXIV.

PAPERS HANDED IN ON BEHALF OF THE LOCAL GOVERNMENT BOARD FOR SCOTLAND.

1. Memorandum as to nursing of the sick poor in Scotland.
2. Statement as to poorhouses which participated in the nursing grant.
- 3 (a) and (b). Forms in connection with the registration of nurses by the Local Government Board.

APPENDIX XXIV (1).

MEMORANDUM as to the Nursing of the Sick Poor in Scotland.

Section 60 of the Poor Law (Scotland) Act of 1845 empowers certain populous parishes to erect poorhouses with the consent of the Board.

Section 61 empowers two or more contiguous parishes to combine to erect a common poorhouse with consent of the Board.

Section 64 empowers parishes to frame rules and regulations for the management of poorhouses, and for the discipline and treatment of the inmates thereof, and to submit such rules and regulations to the Board for approval, and provides that no rules and regulations shall be effectual or acted upon except such as have been approved by the Board.

Section 66 provides that proper medical attendance shall be provided for the inmates of a poorhouse.

Section 74 provides that where any poor person shall consider the relief granted to him to be inadequate he shall lodge a complaint with the Board, and the Board is required, without delay, to investigate the nature and grounds of the complaint.

On 31st July, 1879, the Board issued a circular to house committees (produced) of poorhouses pointing out defects in the nursing of the sick inmates. The main defects pointed out were (1) the non-employment of trained nurses, and (2) the employment of untrained paupers nurses, and the Board suggested:—

1. That in all the smaller poorhouses the matron should be required, within a reasonable time, to undergo three months' training in some public hospital, and that in future no matron should be appointed who has not received similar instruction for six months.
2. That in every poorhouse where the average daily number of sick during the year amounts to 20 there should be a trained assistant in addition to the matron, and where the number exceeds 40 two assistant nurses.
3. That where the daily average number of sick exceeds 60 there should be a trained head nurse, with assistant nurses in the same proportion as is indicated in paragraph 2.
4. That where three or more nurses are employed, one-third of the number may be untrained persons, if able to read and write, and engaged for not less than a year.

On 29th April, 1880, the Board issued rules and regulations for the management of hospitals and infirmaries in poorhouses where a trained head nurse or lady superintendent is employed, which are as follow:—

1. The matron of the poorhouse shall have no jurisdiction within the hospital, and she shall exercise no authority therein; neither shall she be held responsible in any way for its condition as to cleanliness, or the condition of the patients as to their persons, bedding, or clothing.

Poorhouses having hospitals which are training schools for nurses:—

	Accommodation.	Inmates.	Sick.	Nurses.
Glasgow (City) - - - - -	1,750	1,527	602	24
Glasgow (Barnhill) - - - - -	1,461	1,263	365	22
Govan - - - - -	1,065	874	241	12
Dundee, East - - - - -	865	801	324	13

2. The position of the trained head nurse or lady superintendent of the hospital shall be the same in all respects, in relation to the house governor, as that of the matron of the poorhouse to the house governor as regards ordinary inmates; and the lady superintendent shall be guided in the discharge of her duties, and in the management of the hospital, by the rules and regulations of the Board of Supervision for the management of poorhouses, in so far as they can be applied, and she shall conform to any additional rules which may be deemed necessary by the House Committee and approved by the said Board.

3. It shall be her duty to superintend the nurses employed in the hospital, suspending and reporting to the governor any who may be found insubordinate, inefficient, or otherwise unsuitable.

4. She shall take charge of the property of the parochial board (or combination) within the hospital, and check damage, waste, and extravagance.

5. She shall take charge of all ordinary inmates employed in the hospital, pointing out to them their duties, and reporting to the governor in case of their disobedience or insubordination.

6. She shall maintain discipline, cleanliness, and order within the hospital.

7. She shall conform to the instructions of the medical officer as to the treatment of patients, and as to all matters affecting the dietary and hygiene of the hospital.

8. In all other matters she shall obey the regulations of the hospital and the lawful orders of the house governor.

On 31st March, 1885, the Board issued a circular stating that the Secretary of State for the Home Department has, on the application of the Board, approved of an alteration of Rule 5, whereby the cost of trained sick nursing in poorhouses as approved by the Board is to be chargeable under the head of medical relief, and that the amount to be allocated from the grant will be at the rate of one-half of the actual salary of each trained sick nurse for which satisfactory vouchers are produced, together with an allowance of 3s. per week in respect of the cost of rations, lodgings, and uniform.

Under Rule 4 a register of trained sick nurses employed in poorhouses, whose training satisfies the Board's standard, is established, and no claim to participate in the grant is allowed in respect of any nurse whose name is not entered in the register.

(The qualification for registration is two years' training in a public hospital maintaining a resident physician or house surgeon, and being a training school for nurses.)

There are 65 poorhouses in operation, the accommodation in which is sufficient for 15,467 inmates. The number of inmates at 31st December, 1901, was 12,542, of whom 3,564 were returned as sick.

The poorhouses, as regards nursing, may be classified as follows:—

Poorhouses which have hospitals under charge of a lady superintendent or head nurse :—

	Accommodation.	Inmates.	Sick.	Nurses.
Aberdeen, East - - - - -	356	264	132	6
Aberdeen, West - - - - -	270	202	39	3
Edinburgh :—				
Craiglockhart - - - - -	741	455	133	9
Craigleith - - - - -	830	540	155	6
Greenock - - - - -	410	282	109	7
Leith - - - - -	406	375	65	4
Paisley - - - - -	635	443	110	7
Cunninghame - - - - -	479	243	62	4

Poorhouses where matron is a trained nurse, and has other nurses under her :—

	Accommodation.	Inmates.	Sick.	Nurses, including Matron.
Dumbarton - - - - -	202	166	40	3
Old Monkland - - - - -	276	165	30	3
Stirling - - - - -	176	58	29	3
Lorn - - - - -	234	95	26	2

Poorhouses where matron is a trained nurse, and has no trained assistant :—

	Accommodation.	Inmates.	Sick.	Nurse-Matron.
Arbroath - - - - -	128	71	15	1
Dumfries - - - - -	94	72	17	1
Lews - - - - -	66	18	11	1
Long Island - - - - -	20	7	1	1

Poorhouses having trained nurses other than matron :—

	Accommodation.	Inmates.	Sick.	Nurses.
Linlithgow - - - - -	230	132	32	2
Perth - - - - -	230	119	14	1
Campbeltown - - - - -	124	40	7	1
Easter Ross - - - - -	100	47	18	1
Inveresk - - - - -	117	87	15	1
Kyle - - - - -	168	125	10	1
Dunfermline - - - - -	122	77	18	1
Zetland - - - - -	74	46	14	1

Poorhouses having paid nurses which do not comply with the Board's requirements:—

	Accommodation.	Inmates.	Sick.	Attendants.	Nurses required by the Rules.
Buchan - - - - -	138	60	12	1	1
Cambusnethan - - - -	120	90	32	1	2
Dundee, West - - - -	152	133	37	1	2
Forfar - - - - -	85	53	11	1	1
Hamilton - - - - -	170	143	39	2	2
Inverness - - - - -	173	104	22	1	1
Kincardineshire - - -	128	73	17	1	1
Kirkcaldy - - - - -	130	86	20	1	1
New Monkland - - - -	204	171	44	1	3
Nairn - - - - -	75	26	8	1	1

Twenty-seven poorhouses with 898 inmates and 239 sick—ranging from 1 to 42—have only pauper nurses. In 19 houses the number of sick is 10 or under. It is fair to add that in the case of the poorhouse having 42 sick inmates—the only one on this list having more than 20—a new poorhouse is in course of erection, with accommodation for trained nurses.

The Board do not appear to have power to issue an order similar to Article 1 of the Local Government Board (England) Order of 6th August, 1897, prohibiting nursing by pauper inmates; but the Board have taken every opportunity of impressing local committees with the advantages of adopting trained nursing. In the smaller poorhouses they have strongly urged the advisability of appointing as matron a person with training, who is also, if possible, the wife of the governor, but their aims have been sometimes frustrated by local influences.

The grant in aid of trained nursing has proved a great stimulus in promoting the introduction of trained nursing in poorhouses. In the first year of the grant (1885) the amount paid from the grant to local authorities was £263 19s. 8d.; last year (1901) the amount paid was £3,100 4s. 7d.

The Board have, until lately, had few complaints, except from their own officers, of the inefficiency or inadequacy of pauper nursing.

Under Section 74 of the Poor Law Act the Board might, in a specific case of a person suffering from an acute disease, hold that relief in a poorhouse where there was only pauper nursing, was not an offer of adequate relief, but a complaint on these grounds alone has never been made, and the process of redress is too cumbrous to be of speedy or practical use. It is doubtful if the Board could hold in general that an offer of relief to a person suffering from acute disease in a poorhouse where there was no trained nursing was not an offer of adequate relief.

It may also be pointed out that in Scotland indoor relief is the exception—75,845 (88 per cent.) outdoor, against 9,868 (11 per cent.) indoor—and this is more marked in rural districts than in populous and town districts. In eight northern counties with 13,033 paupers, only 575 or 4 per cent. were in poorhouses. Consequently the inmates of the poorhouses in those districts are mostly aged persons with no acute disease, but suffering from senile decay, with no suitable home, unable to look after themselves, and with no one to look after them outside.

Except in the case of the City of Glasgow poorhouse, no exceptional difficulty has lately been experienced in completing the staff of nurses when sufficient remuneration was offered. In this case the difficulty arose through exceptional circumstances. The number of sick placed

under the charge of trained nurses was at once nearly doubled, and there was no proper accommodation for the increased number of nurses required. This defect has now been remedied, and there is no probability of a recurrence of the difficulty. There are now in this poorhouse 24 trained nurses on the staff, and 25 probationers. The nurses are paid £30, £32, and £35 in annual rises; the probationers £10, £15, £25; both have board, lodging, and uniform. Each nurse has a separate bedroom, and there are recreation rooms, etc. There is now little delay in securing applications from outside nurses if no probationer is available for promotion. The probationers are bound for three years, but their training to satisfy registration by the Board is complete in two years. Every class of disease is treated here, and about one-third of the cases are surgical—*see* report (p. 26, *et seq.*)—and the medical officer gives clinical and class lectures. Application for entrance as probationers are much larger than can be met, and the social status of the applicants is improving.

The Board's officers have fully appreciated and anticipated all the objections raised by the officers of the Local Government Board of England, and have not pressed the appointment of a trained nurse in these cases, if not the wife of the governor or a native of the place. An examination of the Board's register shows that the trained nurses appointed to country poorhouses, if they have remained over their probation period, have not been dissatisfied with their positions if we are to judge from the time they have stayed in office. All the small poorhouses which have trained nurses are in the vicinity of towns except one, which is in a remote island, and in that case the nurse is also matron and wife of the governor.

The Board are anxious that the inmates of the smaller poorhouses should also have the advantage of skilled nursing, and it has been suggested, in view of the difficulties attending the appointment of a trained nurse in these poorhouses:—

1. That acute cases, which ought to have skilled nursing, should not be sent to, or retained in, a poorhouse which has not a trained nurse, but be removed to a suitable hospital or infirmary;

2. To provide for chronic cases which will not be treated in an infirmary, that the services of a district nurse (which are now available in almost every part of Scotland) should be obtained for the regular visitation of the sick inmates of these poorhouses; or

3. That legislation should enable the Board to combine combinations (unions) to the extent of providing a central Poor Law hospital for each combined combination.

APPENDIX XXIV. (2).

LIST of Poorhouses having Trained Nursing in terms of the requirements of the Local Government Board, with the Number of Nurses in each Poorhouse as at 1st January 1902.

Date when Trained Nursing introduced.	POORHOUSE.	Number of Nurses.	Date when Trained Nursing introduced.	POORHOUSE.	Number of Nurses.
1885	Aberdeen East - - -	8	1891	*Govan - - - - -	12
1892	" West - - - - -	3	1885	Greenock - - - - -	7
1890	Arbroath - - - - -	1	1899	Inveresk Combination - - -	1
1885	Campbeltown - - - - -	1	1895	Kyle Combination - - - - -	1
1885	Cunningham - - - - -	4	1894	Leith - - - - -	4
			1902	Lews - - - - -	†1
1899	Dumbarton - - - - -	3	1899	Linlithgow - - - - -	2
1888	Dumfries - - - - -	1	1896	Long Island - - - - -	1
1893	*Dundee East - - - - -	13	1889	Lorn - - - - -	2
1889	Dunfermline Combination -	1	1895	Old Monkland - - - - -	3
			1890	Paisley - - - - -	7
1885	Easter Ross - - - - -	1	1887	Perth - - - - -	1
1889	Edinburgh (Craigleith) - -	6	1891	Sterling - - - - -	3
1885	" (Craiglockhart) - - -	9	1897	Zetland - - - - -	1
1885	*Glasgow (Barnhill) - - -	22			
1892	" (City) - - - - -	21		TOTAL - - - - -	140

* These poorhouses train probationers.

† This nurse did not take up duty until 15th February.

II.—LIST of Poorhouses which have not adopted the Trained Nursing System, with the Number of Nurses which would be required to enable each to participate in the Trained Nursing Grant.

POORHOUSE.	Number of Nurses required to earn Grant.	POORHOUSE.	Number of Nurses required to earn Grant.
Athol and Breadalbane - - - -	1	Kirkcaldy - - - - -	1
Black Isle - - - - -	1	Kirkcudbright - - - - -	1
Buchan - - - - -	1	Lanark - - - - -	1
Cambusnethan - - - - -	2	Latheron and Wick - - - - -	1
Dalkeith - - - - -	1	Lochgilphead - - - - -	1
Dundee West - - - - -	2	Maybole - - - - -	1
Dysart - - - - -	1	Monkland, New - - - - -	3
		Morayshire - - - - -	1
East Lothian - - - - -	1	Mull - - - - -	1
Falkirk - - - - -	3	Nairn - - - - -	1
Forfar - - - - -	1	Orkney - - - - -	1
Galashiels - - - - -	1	Skye - - - - -	1
Hamilton - - - - -	2	Sutherland - - - - -	1
Hawick - - - - -	1	Thurso - - - - -	1
		Upper Nithsdale - - - - -	1
Inverness - - - - -	1	Upper Strathearn - - - - -	2
Jedburgh - - - - -	1	Wigtownshire - - - - -	2
Kelso - - - - -	1		
Kincardineshire - - - - -	1		
		TOTAL - - - - -	43

III.—LIST of Poorhouses which had no Sick at 1st January 1902, with the Number of Inmates in each.

Islay - - - - -	22
Kirkpatrick-Fleming - - - - -	54
Peebles - - - - -	24

Number of Nurses required, say, 3.

TOTAL of three forgoing, 186 ; or, roughly, 200 nurses.

Note.—(1) The numbers of nurses in paragraph 2 have been based upon the returns of sick at 1st January 1902. It should, however, be borne in mind (a) that there are, as a rule, more sick at that date than throughout the year, and (b) that we have no guarantee that the returns have been prepared on a uniform basis, *e.g.*, one medical officer might regard a person as sick, while another might consider that person as "infirm" only. (This remark applies, of course, equally to poorhouses in which there is, and to poorhouses in which there is not, sick nursing.)

(2) The proportion of nurses to sick required under Board's rules is as follows :—One nurse for every 20 sick up to 60 ; if the number of sick exceed 60, a lady superintendent of nurses should be appointed, & the proportion of nurses (not reckoning the lady superintendent) may then be one for every 30 sick.

APPENDIX XXIV. (3) (a).

No. _____

INFORMATION to be furnished to the Local Government Board with each application for the Registration of a
Trained Sick Nurse.

The answers will be filled up by the Nurse for whom application is made.

POORHOUSE OF _____

1. Full Name _____
2. Age last Birthday _____
3. Single or Widow* _____
4. Occupation previous to training as a Nurse _____
- If widow, the occupation of late husband _____

	Hospital.	Period.
5. Names of Hospitals where training was obtained, with period of residence in each Hospital.		

6. Date of completion of training _____
7. Date of assuming present duties _____
8. Occupation between date of completion of training and date of assuming present duties _____
9. Place where last employed _____
10. Salary (exclusive of rations), £ _____
11. Can you read and write well ? _____
12. Are you strong and healthy ? _____

(Signature of Applicant)_____

Date _____

* If widow, a Certificate of Marriage should be produced.

CERTIFICATES.

From the Matron or Lady Superintendent of Nurses of the Hospital where training was obtained.

Name _____ Date of Certificate _____

Address _____

Copy
Certificate.

From the Resident Medical Officer of Hospital where training was obtained.

Name _____ Date of Certificate _____

Address _____

Copy
Certificate.

CERTIFICATES.

From a Clergyman of the denomination to which Nurse belongs.

Name _____ Date of Certificate _____

Address _____

Copy
Certificate.

I hereby certify that I have compared the preceding copy Certificates with the original Certificates granted in favour of Nurse _____ and have found them to be true copies.

(Signed) _____

Governor.

Date _____

APPENDIX XXIV. 3 (b)

TRAINED SICK NURSING IN POORHOUSES.

Application for registration by _____

Local Government Board, Edinbu

Sir,

With reference to the above application for registration, I have to inform you that the name of _____

has been placed on the Board's Register of Trained Sick Nurses.

As the registration of a nurse by the Board implies only that her training satisfies the Board's standard, and that she has received a satisfactory character on the completion of her training, I have to request you to observe that neither this communication (which is not meant to be used, in any sense, as a testimonial), nor a copy of it, should be given to the Nurse.

It is necessary that you should intimate to me the precise date on which Nurse assumed, or will assume, her duties in the Poorhouse.

I am,

Sir,

Your obedient Servant.

The Governor,

Secretary

APPENDIX XXV.

PAPERS handed in by Miss WILSON.

- 1.—Model scheme for providing pensions for hospital nurses issued by the Royal National Pension Fund for Nurses.
- 2.—Statement as to pension scheme for nurses at Guy's Hospital.

ROYAL NATIONAL PENSION FUND FOR NURSES.

EXTRACT from the Report of the Committee of the House of Lords on Metropolitan Hospitals.

"The Committee think it very desirable that, where the funds of the hospital permit, pensions should be provided for nurses by joining the Royal National Pension Fund for Nurses, or by the hospital providing a special pension out of its own funds."

The Council of the Royal National Pension Fund for Nurses have caused the following scheme to be prepared for the consideration of the managers of those hospitals, convalescent homes, asylums, nursing-homes, and kindred institutions who may desire to provide pensions for their nursing staff in accordance with the above recommendation of the Lords' Committee.

Suggested Scheme of Federation.

1. The managers (Court of Governors, Committee) of the* (hereinafter called the hospital), have decided to federate with the Royal National Pension Fund for Nurses (hereinafter called the fund), in order to assist the matron, superintendent of nurses, and all sisters, staff nurses, nurses, and private nurses of the hospital, under 40 years of age, who may desire to join the Fund by paying a proportion of their annual premiums while they remain in the service of the hospital, subject to the rules and conditions that from time to time govern the Fund.

Amount of Pension.

2. The hospital will take out with the Fund a policy upon the returnable scale for a pension of £† per annum on the life of any matron, sister, or nurse of this hospital under 40 years of age, who in her own name takes out a policy with the Fund for a pension of not less than £† making in all a pension of £ per annum.

Participation in Profits.

3. A pension policy taken out by or for the nurse will (subject to the rules) participate in the profits of the society and in the donation bonus fund.

Premiums paid by the Hospital during service only.

4. The hospital agrees to continue to pay premiums on the hospital policy only so long as the nurse remains in the service of the hospital.

Mode of Payments.

5. Premiums will be paid monthly or quarterly through the officer appointed for such purpose by the hospital. A nurse's acceptance of the scheme of federation is regarded as sufficient authority for the deduction from her salary of the premium on her policy.

Nurses over 40 years of age.

6. The hospital is prepared to consider what help shall be given to members of the nursing staff over 40

years of age, with the view of making such arrangements as may seem best in each individual case.

Withdrawal.

7. A nurse withdrawing the premiums paid in under her own policy while in the service of the hospital, or within twelve months after leaving the hospital, will forfeit all right to the policy taken out by the hospital on her behalf.

Assignment to Nurses.

8. After a nurse shall have been in the service of the hospital for‡ years, whether as probationer, sister, nurse, or otherwise, the benefit of the policy affected by the hospital on her behalf shall, if she has complied with the rules herein laid down, be considered as belonging to her, and will, in accordance with the preceding rule, be formally assigned§ to her when her pension falls due, or otherwise twelve months after leaving the hospital.

Discretion of Committee as to Assignment.

9. Nevertheless, should a nurse leave the service of the hospital before the expiration of ¶ years, the hospital may in its absolute discretion assign the policy to the nurse, or make her an allowance therefrom.

Mode of Assignment.

10. In order to assign the policy to the nominee (i.e., the nurse), all that is necessary is that the nominor (i.e., the hospital's representative) write on the back thereof, "All the interest for pension in the within-written policy is now vested in the nominee." This endorsement must be signed and dated by the nominor, and the nominee must take care to have the policy delivered to her and to register the endorsement with the Fund.

Policies Surrendered belong to Hospital Committee.

11. One of the conditions endorsed on the hospital policy is that in case a nurse forfeits her right to the policy it shall be surrendered to the Fund as trustee, and all premiums which shall have been paid thereunder shall, with interest thereon from the date of deposit, be placed to the credit of the separate trust fund of the hospital or institution federating with the Fund, to accumulate at interest, and to be disposed of by the hospital or institution in accordance with the following regulations of the society governing such trust funds:—

- (a) All moneys paid into the Fund by any hospital or institution, together with all interest thereon, are to be devoted for the sole benefit of the members of the paid staff of such hospital or institution as the committee thereof shall by resolution from time to time determine.
- (b) The benefits referred to in the foregoing rule are to be dispensed through the Fund in accordance with its objects as defined in the memorandum of Association. These objects include pensions, sick pay, gratuities, and so forth.

* Name of hospital or institution.

† £10 is suggested as a minimum for sisters and £7 10s. for nurses.

‡ The number of years' service to be fixed by the Committee in each case. Five years has been suggested as a minimum.

§ The terms of assignment should be carefully considered by the managers. The hospital policy may be assigned to the nurse:—

1. Absolutely. In this case the nurse, if she withdraw from the Fund, can obtain the return of the moneys paid into the Fund by the hospital on her behalf.

2. For the purposes of pension only. In this case, if the hospital policy is not kept up, the moneys paid into the Fund by the hospital revert to the Hospital Trust Fund, in accordance with Clause 11.

¶ The time to be fixed as in Regulation 8.

Contributions by Nurse after Leaving Hospital and Before Assignment.

12. It is agreed that, should a nurse contribute any premium on behalf of the hospital policy during the twelve months following her leaving the hospital, and still not become entitled to the full benefit of the hospital policy, the Fund will hold such premiums at the nurse's disposal, and will return them to her on demand.

Power to Alter Amount of Contribution.

13. The hospital reserves to itself power to alter the amount of its contributions, if it should be necessary to do so hereafter.

N.B.—It should be understood that not only nurses, but all other officials employed in the work of any hospital or institution, are eligible to join the Royal National Pension Fund individually or on the principle of proportionate payment, and to share in the profit bonuses, though not in the benefits of the donation bonus fund.

Nurses may take out additional policies on their own account for either pension or sick pay at their option.

Probationers can enter on their own account, and when promoted to the staff are eligible to have a policy taken for them as indicated in the above scheme of federation.

It is hoped that the hospital will encourage probationers to enter, thus encouraging early thrift and assuring the advantages offered by the Fund at a lower rate of premium.

LOUIS H. M. DICK, Secretary.

Royal National Pension Fund for Nurses,
28, Finsbury Pavement,
London, E.C.

GUY'S HOSPITAL.

THE ROYAL NATIONAL PENSION FUND FOR NURSES.

1. The Governors of Guy's Hospital have decided to federate with the Royal National Pension Fund for Nurses, in order to assist the matron, sisters, and staff nurses of the hospital who may desire to join the Fund, by paying a proportion of their annual premiums whilst they remain in the service of the hospital, subject to the rules and conditions which from time to time govern the Fund.

2. The hospital will take out with the Fund a policy on the returnable scale (Table B) for a pension of £11 5s. on the life of any sister or staff nurse of the hospital, under forty years of age, who on her own account shall take out a similar policy with the Fund for a pension of not less than £7 10s. to commence at the age of fifty years.

3. Any probationer who on her own account takes out a policy on the returnable scale to secure a pension of not less than £18 15s. at the age of fifty years, shall, if appointed upon the permanent staff on completion of her training, receive from the hospital the premiums for a pension of £11 5s. already paid by her to the Fund.

4. Nurses withdrawing the premiums paid in under their own policies, whilst in the service of the hospital or within twelve months after leaving the hospital, will forfeit all rights to the policies taken out by the hospital on their behalf.

5. All monies paid by the hospital into the Fund and forfeited will remain in the Pension Fund to the credit of the hospital, for the purpose of forming a benevolent fund, to be applied at the discretion of the Governors for the benefit of sisters and nurses disabled by accident or illness.

6. After a nurse has been in the service of the hospital for a period of five years, whether as probationer, sister, nurse, or otherwise, the benefit of the policy effected by the hospital on her behalf shall, if she has complied with the rules laid down herein, belong to her, and will in accordance with the preceding rule be assigned to her when her pension falls due, or otherwise, twelve months after leaving the hospital.

7. It is pointed out that under the system of returnable premiums, if a nurse should retire from work, or marry, or for any cause desire to withdraw from the Fund, she may after two clear years have elapsed from the time of entry, and before the pension is receivable, claim to be repaid her contributions. In the event of death occurring at any time before the pension becomes due, contributions will be returned to the legal representatives of the deceased. Two and a half per cent. compound interest will be allowed by the Fund upon all returnable premiums withdrawn after two clear years, less the cost of administration.

8. Sisters and nurses wishing to join the Pension Fund should communicate with the superintendent or matron.

E. H. LUSHINGTON, Treasurer.

APPENDIX XXVI.

SYLLABUS of Training for Probationers at Portsmouth Workhouse Infirmary, handed in by DR. KNOTT.

PARISH OF PORTSMOUTH WORKHOUSE INFIRMARY.

SYLLABUS.

First year probationers' lectures from October to middle of May.

All subjects contained in the St. John Ambulance books; first aid, and nursing course, home hygiene, Murche's physiology (elementary animal), taught by diagrams and on the body (children being utilised), the roller bandage, application of splints, prevention of bed sores, treatment of patients brought in with bed sores, regional anatomy.

Junior probationers were allowed to attend P.M.'s when convenient.

Incubation periods and time for quarantine after recovery of the various contagious diseases, diets, washing helpless patients, what to observe and report to the medical officer.

Urine testing.

Ward duties—housekeeping.

(First year probationers were examined in all the above subjects.)

Feeding of children.

SYLLABUS

Second year probationers.

Lectures, from October to middle of May.

In addition to first year's books, Miss Lückes and Miss Oxford's books were used.

Preparations and doses of opium, hypodermics, enemas, inunction, vapour baths (*i.e.* calomel), doses, and how given, in the shape of mixtures, powders, pills, confections; every nurse was expected to know the doses of opium and of its preparations.

Poisons and antidotes: Acid carbohc, opium, aconite, hydrate of chloral, prussic acid, perchloride of mercury arsenic, acetate of lead, etc., phosphorus, belladonna, pil. hydrargyri, pot. iodid; all poisons, in fact. What to observe and report to the doctor when patients were taking the above drugs and they were not agreeing with them.

Disinfectants, deodorants, antiseptics, how used.

Feeding of infants.

Signs of pain in children: Head, stomach, lung.

How to deal with a case of uræmic convulsions, hæmoptysis, hæmatemesis, in absence of doctor.

Household duties, urine testing, food stuff values.

SYLLABUS.

Third year probationers.

Lectures from October to middle of May.

Regional anatomy, all subjects of first and second year; same text books.

Dispensing, elementary, how to put up a simple mixture, lotion, ointment, or pill.

Night duty in female imbecile wards to give opportunities for feeding, keeping clean, and managing lunatics.

Delirium, acute mania, mania a potu, proper use of restraint jacket after being ordered by medical officer.

Hysteria as apart from mania, general paralysis of the insane, idiocy, imbecility.

Preparation of operating room, antiseptics, sterilisation of dressings, instruments, nurses' hands, operation table, patient, how to prepare, chloroform ether.

Different kinds of instruments, names and uses.

Diseases of children, intussusception, signs of urgency of such a case, and report to medical officer.

Ophthalmia neonatorum, dangers of, to patient and nurse.

Pneumonia, pleurisy, pleuritic effusion, instrument for aspiration, how used, ascites, paracentesis abdominis, various forms of Bright's disease, erysipelas, dangers of, necessity for isolation.

Diets in all diseases.

Acute rheumatism, complications, what to observe, dyspnoea, orthopnoea, hip joint disease, acute synovitis, bursitis, white leg, thrombosis, embolism, aneurism.

Precautions to observe in nursing all the above.

Vocabulary of medical terms.

Dressings of all kinds, skin grafting.

How to keep catheters clean and aseptic when the doctor wants them.

Sick room cookery, clothing, bedding, ward discipline.

How to train her juniors, how to take charge when relieving the sister.

Not only were the probationers trained in their several years as far as possible up to the syllabus, but opportunities were always taken to teach the juniors as well as seniors what to observe at the bedside, respect to senior officers, respect to their own position, tact, self-abnegation, truthfulness, devotion to their calling, care of their own health.

The first year probationers get one lecture and one demonstration weekly.

Second third year, two lectures, also lecture from matron—uses and names of instruments.

Third year, reading easy prescriptions, detection of poisonous doses, antidotes; this course is additional to their lectures, and supplementary to the lectures of the medical superintendent.

This is carried out by the assistant dispenser.

APPENDIX XXVII.

PROPOSALS of SCHEME for the training and certification of Workhouse Nurses in Yorkshire, annexed to Mr. BAGENAL's report.

1. That a Board be formed from the contracting unions, to be called the Yorkshire Poor Law Nursing Board, which shall meet at such times as may be convenient, to discuss and settle any points of practice or difficulty arising out of the scheme now agreed upon.

2. That applicants for the position of probationer nurse should be well educated young women of high character.

3. That persons to be appointed as probationers should be of the age of 21 years or over, unless special circumstances should warrant appointment at an earlier age.

4. That applicants serve a period of at least two months on trial, and if found to be suitable for training that they enter into an agreement with the Union, engaging to train for a period of at least three years.

N.B.—A common form of agreement to be settled by the Nursing Board is recommended for use in all the Unions.

5. That the training to be given in all contracting Unions be assimilated as far as possible, regard being paid in providing for this to conditions prevailing in the smaller Workhouse Infirmaries.

6. That in order to carry out the provision in Clause 5 a Supervising Training Committee, consisting of five lady superintendent nurses, be formed, who shall meet together at convenient times and give advice and assistance on matters of training to those Unions seeking it, and they, or one or more of them as they shall appoint, shall be empowered to visit any workhouse infirmary in Yorkshire where nurses are trained, to give suggestions as to a common standard of training.

That the Supervising Committee have charge of the examination of probationers from all the contracting Unions in their practical nursing work, and for that purpose the Committee appoint two of their number to visit Workhouse Infirmaries from time to time where probationers are ready for examination, and examine such probationers, and that they have power to sign or decline to sign the standard certificate, hereinafter referred to, as regards the probationer's fitness in her practical nursing work.

8. That it being the desire of the contracting Unions to secure for Yorkshire trained nurses a high qualification in theoretical medical and surgical knowledge (as well as practical nursing), that the Yorkshire College at Leeds be requested to hold, through their medical department, periodical examinations in such matters, and that certificates be given to successful candidates, to be known as the Yorkshire certificates.

9. That the contracting Unions pay the cost of their own candidates to and from the place of examination, and all examination and other fees.

10. That there should be power between Union and Union, with the consent of the Nursing Board, to exchange probationers for one year, in order to enable such probationers to obtain a varied experience, but such exchange should not take place before the end of the first year nor after the end of the third year of training.

11. That the Nursing Board should keep in touch with the smaller Unions in Yorkshire, where nurses are not trained, with the object of enabling such Unions to obtain nurses who have completed their course of training in accordance with this scheme.

12. That the cost attendant on the initiation and working of this scheme be borne by the contracting Unions according to the rateable values, as ascertained by the last published annual report of the Local Government Board.

13. That the Unions in the County of York, training nurses, bind themselves by agreement for a period of three years to carry out the proposals contained in this scheme.

14. That the Local Government Board be requested to sanction the proposals contained in this scheme.

Your Committee, after settling the foregoing proposals, appointed a deputation to wait on the Medical

Department of the Yorkshire College to ascertain if the College would undertake the examinations and give the certificate.

The deputation communicated in writing to the secretary as follows:—

(1) The Yorkshire College expresses sympathy with the deputation of the Poor Law Unions in their desire to secure a high and uniform standard of efficiency in nurses employed in the Workhouse Hospitals with which they are concerned, and is willing to render them what assistance it can.

(2) But considering that the practical training of a nurse is so much the most important part of her education, and considering also that the Yorkshire College can neither give such training nor determine its efficiency, it is not possible for the Yorkshire College to make itself responsible for any certificate of general practical efficiency in nursing.

(3) On the other hand, the Yorkshire College is not indisposed to assist the Poor Law Union in that part of their scheme which consists in testing the theoretical knowledge of those nurses whose practical efficiency is satisfactorily guaranteed by the Poor Law Unions.

(4) For this end the Yorkshire College is willing to draw up (through the Board of Medicine) a schedule of those subjects with which, in their opinion, a nurse should have theoretical acquaintance.

(5) And the Yorkshire College is further willing that in testing such theoretical knowledge the Poor Law Unions should have the assistance of members of the medical staff as examiners.

(6) Provided that it be understood that such examiners certify only to the results of their examinations in the subjects of the said schedules, and do not make the College responsible for any opinion on the practical skill of the nurses.

(7) And the Yorkshire College too feels that in the case of all nurses presented for such examination, it should be understood that the practical training which they have received has been given at least for a certain minimum length of time in hospitals which reach a certain standard as to the number of beds and variety of cases and methods of instruction. This standard to be the subject of agreement between the Yorkshire College and the Poor Law Unions.

(Signed) DE B. BIRCH,
Dean, Department of Medicine,
Yorkshire College.

In submitting this report your committee have to recommend:—

(1) That the scheme detailed above, as approved by the Committee, be adopted.

(2) That a Nursing Board be formed, and that it consist of one representative from each Union, with the addition of the medical officer and lady superintendent from these Unions in which there is a resident medical officer.

(3) That the Yorkshire College should have power to have one or two representatives on the Nursing Board.

(4) That each Union agreeing to the scheme should pay a subscription of £3 3s. for the expenses of the Nursing Board.

(5) That the Nursing Board be recommended to approach the Local Government Board at an early date to obtain their approval to the expenditure necessitated by the scheme.

J. W. TILLOTSON,
Chairman of the Committee.

ARTHUR T. LONGBOTHAM,

Hon. Sec.

June, 1901.



1948-1

21 MAR. 1929

